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STAFFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

**County Principal
School Medical Officer**

For the year 1961



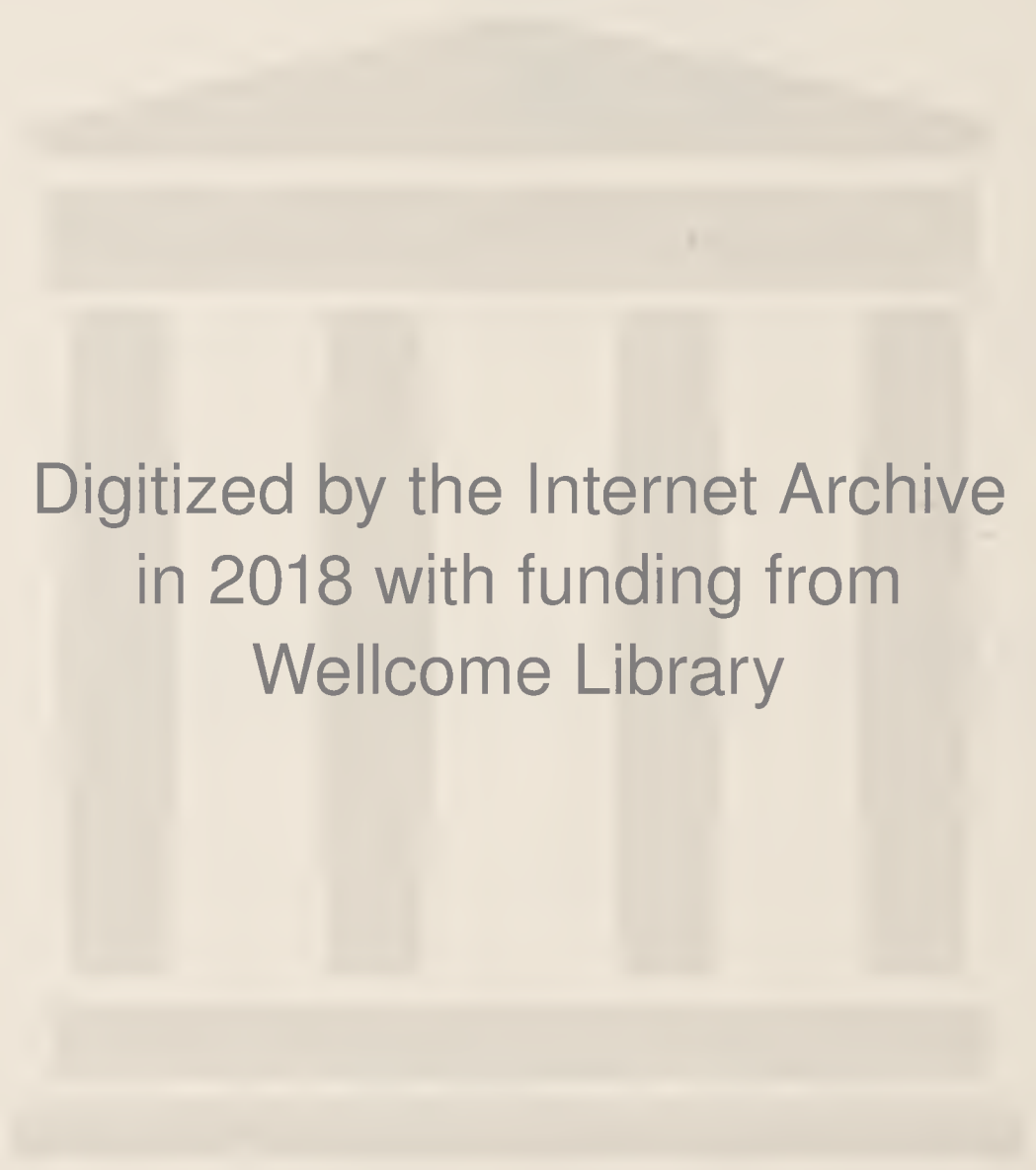
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SCHOOL HEALTH SERVICE STAFF, 1961

County Principal School Medical Officer

G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S., L.R.C.P.,
D.P.H.

Deputy Principal County School Medical Officer

H. BINYSH, M.D., M.B., B.S., L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.),
D.P.H., D.T.M. & H., Barrister-at-Law.

Senior Medical Officer for Schools

C. S. SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

Whole-time School Medical Officers

(engaged in the School Health Service)

ELIZABETH O. ASTON, L.M.S.S.A.

*A. G. BAILEY, M.B., Ch.B.

R. C. BEGG, M.B., B.Ch., D. Obst., R.C.O.G. (Appointed 10.4.61)
resigned 31.12.61).

AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.

PEARL I. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S.

MARGARET J. CASH, M.R.C.S., L.R.C.P., D.P.H.

NORAH M. CLARKE, M.B., Ch.B.

MARY R. COOKE, L.R.C.P., S.I. & L.M., (Temp. Appointed 2.10.61)

G. R. DAVIES, B.Sc., L.M.S.S.A.

DOREEN E. GEORGE, M.B., Ch.B.

BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.

*P. M. GREEN, M.B., Ch.B.

F. G. E. HILL, M.B., Ch.B., D.P.H.,

MARY M. MARKHAM, M.B., Ch.B., D.T.M. & H., D.P.H.

ELSIE MAY, M.B., B.S., D.C.H. (Appointed 2.10.61).

G. J. O'CONNOR, M.B., B.C.H., B.A.O.

G. S. PHILLIPS, M.B., Ch.B., D.T.M. & H., D.P.H.

J. TORLEY, M.B., Ch.B. (resigned 7.10.61).

HENRIETTA M. WILSON, B.A., M.B., B.Chir.

School Medical Officers

holding Joint Appointments

(engaged in the School Health Service)

J. H. E. BAINES, M.B., Ch.B., D.P.H. (M.O.H. Wednesfield U.D.) (Appointed 10.10.61).

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (M.O.H. Tamworth M.B.)

G. CREMER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H., D.C.H. (M.O.H. Brownhills U.D.) (Resigned 10.1.61)

SHEILA M. DURKIN, M.B., B.Ch., D.P.H. (Area Medical Officer and M.O.H. Tutbury R.D. and Uttoxeter U.D. and R.D.)

*Attending D.P.H. Course from 3.10.61.

A. D. KELLY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. (M.O.H. Coseley U.D.)
 R. C. GUBBINS, M.B., Ch.B., D.P.H. (M.O.H. Willenhall U.D.).
 J. HEAGNEY, M.B., B.Ch., D.P.H. (M.O.H. Darlaston U.D.).
 A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (M.O.H. Amblecote U.D. and Seisdon R.D.).
 F. J. MURRAY, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (M.O.H. Stone U.D. and R.D.).
 J. P. NEYLON, M.B., B.Ch., B.A.O., D.P.H., D.C.H. (M.O.H. Bilston M.B.).
 H. SHORE, M.D., D.T.M. & H. & D.P.H., (M.O.H. Brownhills U.D.) (Appointed 1.6.61).
 A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D. and Cannock R.D.).
 E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and M.O.H. Cheadle R.D.).
 P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (M.O.H. Wednesfield U.D.). (Resigned 6.10.61)
 R. WEBSTER, M.B., Ch.B., D.T.M. & H., D.P.H. (Area Medical Officer and M.O.H. Cannock U.D. and Rugeley U.D.).
 H. E. WILSON, M.B., Ch.B., D.P.H. (M.O.H. Leek U.D.).

Part-time School Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.
 W. C. CAMPBELL, L.M.S.S.A. (Died 30-3-61)
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.
 JEANNETTE R. B. GIBSON, L.R.C.P., L.R.C.S., L.R.F.P.S. (Glas.)
 IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).
 ROSE MACAULIFFE, M.B., B.Ch., B.A.O.
 MURIEL NANKIVELL, M.B., Ch.B.
 MARGARET W. PETERS, M.B., Ch.B., (Appointed 16.6.61) (Dental Anaesthetist).
 ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
 EDITH G. SHERWOOD, M.R.C.S., L.R.C.P. (Dental Anaesthetist). (Resigned 31-7-61).
 LUCY M. WILKIN, M.B., B.Ch., B.A.O.

Specialists

(engaged in the School Health Service)

PRINCIPAL MEDICAL OFFICER FOR MENTAL HEALTH:

E. JOHNSON, M.R.C.S., L.R.C.S.

CONSULTANT PSYCHIATRIST :

J. PEDLEY BAKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

PART-TIME OPHTHALMIC SPECIALISTS :

J. A. COX, M.B., B.S., D.O.

G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S.

B. U. KILLEN, M.B., B.Ch., B.O.A., D.O. (Resigned 31-12.61)

E. J. MCCABE, M.B., Ch.B., D.O.

B. M. MCOWAN, M.R.C.S., L.R.C.P., M.B., B.S., D.O.(Ldn.)

*H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.

PART-TIME ORTHOPAEDIC SPECIALISTS :

*J. HIRTENSTEIN, M.D., F.R.C.S.

M. H. M. HARRISON, Ch.M., M.B., Ch.B., F.R.C.S.

PART-TIME E.N.T. SPECIALISTS :

G. O. CLARK, M.B., Ch.B., F.R.C.S.

W. D. PATERSON, M.B., Ch.B., F.R.C.S.

*Attends County Clinics as Regional Hospital Board Officer.

Principal County School Dental Officer

J. C. TIMMIS, L.D.S., R.C.S. (Eng.)

Whole-time School Dental Officers

J. W. DAVIES, L.D.S.
R. B. DEARNALEY, L.D.S.
S. FORD, L.D.S., R.C.S.
J. HICKEY, B.D.S.
MISS M. C. LAUDER, L.D.S., R.C.S.
J. D. NELSON, L.D.S.
D. R. OGDEN, B.D.S., L.D.S., R.C.S. (Appointed 18.4.61)
T. C. J. PRICE, B.D.S.
L. H. THOMPSON, L.D.S.

Part-time School Dental Officers

P. CAULDWELL, L.D.S.
MRS. E. M. CAULDWELL, B.D.S.
MRS. C. E. HUGHES, L.D.S. (Re-appointed Nov. 61.)
J. L. JACQUES, L.D.S., R.C.S. (Retired from W/T Staff 31.3.61).
L. F. KELLY, L.D.S., R.F.P.S.
R. WARNER, L.D.S.
J. K. WILLIAMS, L.D.S.
F. C. WINTER, L.D.S.
MISS A. P. WOOD, B.D.S.

Medical Auxiliaries

PHYSIOTHERAPISTS :

MISS F. M. BARNES, C.C.S.P.
MISS M. C. FIELD M.C.S.P. (Appointed 8.5.61).
MRS. M. LEWIS, M.C.S.P.
MISS J. McLEAN, M.C.S.P.
MRS. H. E. NELSON, M.C.S.P. (Appointed 19.4.61) (Part Time).

SPEECH THERAPISTS :

MISS H. M. BINKS, L.C.S.T.
MISS J. L. BASSETT, L.C.S.T.
MISS G. CHILDS, L.C.S.T. (Appointed 17.4.61).
MISS GOSS-CUSTARD, L.C.S.T. (Resigned 27.7.61).
MISS A. JONES, L.C.S.T.
MRS. A. M. PRICE, L.C.S.T.
MISS S. M. N. WILLIAMS, L.C.S.T. (Appointed 11.9.61).

EDUCATIONAL PSYCHOLOGISTS :

MISS E. KELLEHER, B.A., Dip. Psych.
MRS. M. I. CHRISTINE SHEPHERD, B.A.

AUDIOMETRICIANS :

MRS. E. GOODWIN, S.R.N. (Appointed Part Time 22.9.61).
MRS. E. C. SPENCER, S.R.N.

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establish- ment</i>	<i>No. Employed on 31.12.61</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers	22	*40	18.64
School Dental Officers	29	19	14.15
Physiotherapists	5	5	4.2
Speech Therapists	6	6	5.4
School Nurses	40	133	27.2
Clinic Nurses	11	20	10.86
Lay Hygiene Assistants	3	3	2.5
Dental Surgery Assistants	30	19	14.9
Dental Technicians	2	2	1.8
Dental Technician Trainees	2	2	1.8
Clerks	24	24	24
Audiometricians	2	2	1.2
Audiometric Clerk	1	1	1
Vision Testing Survey Nurse	1	1	1

*Includes 2 at present on a D.P.H. Course.

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid. 1961)	739,660	250,550	990,210
Acreage	100,012	585,227	685,239
Density of population per acre ...	7.39	0.43	1.44
Mean area per person in acres ...	0.13	2.33	0.69

1. Estimated School Population of Administrative County (excluding Newcastle)	141,774
2. Estimated School Population of Newcastle Excepted District	13,716
3. Average attendances (excluding Newcastle)	126,750
4. Average attendances (Newcastle only)	12,254
5. Number of schools and departments in the County (incl. Newcastle):—	
Nursery Schools	17
County Primary Schools	319
Voluntary Primary Schools	218
County Secondary Modern Schools	96
Voluntary Secondary Modern Schools	11
County Secondary Grammar and High Schools	31
Comprehensive Schools	4
Special Schools—Residential	6
Day	3
Hospital	2
Total	707

Annual Report of the County Principal School Medical Officer 1961

The year 1961 was one of considerable progress in the School Health Service and attention is drawn to developments in a number of directions in the succeeding paragraphs.

Although there was a reduction in the number of routine medical examinations of children, there was an increase in the number of defects found which required treatment. Excluding dental diseases and infestation with vermin, defects of vision accounted for approximately one half of the increase and, although it cannot be said that the other half of the increase is, in itself, significant, it is an indication that the need for these examinations is as strong as ever. This need is generally accepted, but there has been considerable discussion about the method of carrying out the examinations. In particular the value of "routine intermediate examinations" has been challenged and a substantial number of authorities have abandoned them in favour of examining only those children in whom abnormalities are suspected either by the teacher, parent or school doctor. In order to aid correct and useful selection, questionnaires to parents about their children's health have come more and more into use. In other words, some responsible and important authorities have claimed a more effective control over the health of the intermediate group by *selective* medical examination.

As has been mentioned previously, in several chosen areas of the County, during the last seven years, routine inspections of the intermediate group have been replaced by the selective method. So far, the results have not been as good as those in the comparable school population where routine inspection continued unaltered. That is to say, the number of defects found was less than expected. To check the validity of this, the intermediate groups in two large schools concerned were all medically inspected in the usual routine

way and 18 per cent of the children were found to have defects which had been unobserved by the experimental method. These defects required treatment and, therefore, there was no question of there being minimal lesions.

Furthermore, the question "who shall carry out the examination" is bound up with the success of the selective system or, at least, with the intermediate examination, for it could be argued that if there is any reason to suppose that a child is suffering from any abnormality he should be referred to his general practitioner. Routine examinations, regardless of any likely defect, are valuable in order to discover the complete incidence of unsatisfactory conditions and are, therefore, a purpose in themselves, justifying a separately organised system of examination. The whole question is involved and cannot be fully discussed here, but is mentioned to show a tendency. Routine visits to schools by Medical Officers in order to see Head Teachers and children are, in any event, a part of the screening technique. While co-operation with general practitioners is increasing, there is no doubt that the same remark applies to the Regional Hospital Board to a full extent. During the year, the officers of the latter raised the question of the appointment of an Advisor in Children's Dentistry to the Board and, as a result, it was agreed that they and the County Council should share a specialist. He will serve the County as a consultant in orthodontics, which is a growing branch of the School Dental Service and is only limited in its range by the present day lack of numbers in the Dental Officer staff. Much useful work can be achieved in the County Dental Clinics in conjunction with the County Dental Laboratory staff, but a proportion of cases must receive hospital treatment and it is this fact that makes the joint appointment of a consultant orthodontist so valuable. He can see children in conference with the school dental officers at the county clinics and decide immediately if hospital admission is necessary, which is a great advantage to the scholar and his parents. In addition, the contact between county and hospital staff will be stimulating in both directions.

The Regional Hospital Board has also been able to help the County Council (at the time of writing) with consultant help

in the child guidance field. Although this is essential to a full scheme in the County, the individual effort of the County Council in this field has resulted in an expansion of the work, belated though it is, with the appointment of the Principal Medical Officer for Mental Health and the part-time engagement of a consultant psychiatrist, both at the expense of the County Council. During the year, 275 children were dealt with as compared with 49 in 1960. Furthermore, one of the school medical officers, who had a special interest in the subject, was encouraged to leave the service of the County Council to obtain the necessary qualifications and has now returned to the county service whole-time on child guidance work. This welcome expansion is limited in value by the continuing difficulty of recruiting the essential ancillary staff, a difficulty which is felt throughout the country. It seems that the only answer to this shortage is for the County Council to second and train its own staff.

Set out in the body of the report is the work done to detect defects of hearing. In its original form the scheme has proved most valuable and it is now enhanced by the success obtained by testing children at 6 years of age instead of 8 years. Naturally this requires a little more staff as the testing is slower. Table 17 on page 49 shows the summary of the year's results. Out of a total of 478 children referred to the E.N.T. Surgeon, 55 were found to have deafness which was probably permanent, the remainder suffering from curable defects in hearing, which it is unlikely would have been discovered without this scheme of routine examination and some of the conditions would have progressed to cause permanent damage. This is real preventive work and can only be achieved by a routine test of all children whether or not they appear to be normal.

Doubt has been felt for some time whether partially deaf children who are fit for and attending normal schools were getting the fullest advantage from doing so. From this doubt arose the appointment of the peripatetic teaching service which is described on page 45 and the scheme has already proved its great value. The object of teaching any handicapped child, of course, is to return the sufferer to normal life or as near to

it as possible. By this new service, some children who otherwise would require admission to a special school, will be enabled to continue to attend normal schools with profit. Others, less severely handicapped, will be enabled to benefit more from school instruction and so have a brighter prospect of success in life.

During the year, the Education Committee approved a chiropody scheme for the School Health Service. The need for this has long been known to the professional staff, ante-dating "winkle pickers" and the spike heels worn by adolescent girls. An opportunity to introduce a scheme presented itself when the Ministry of Health at last permitted the Health Committee to provide a chiropody service for adults. It was arranged during the year that 20 per cent of the time of the chiropodists should be allocated to school work. This is the beginning of a service which can be of the greatest value to the individual, for a large number of foot defects which plague many adults have their origins in the school years and even earlier. The time of the chiropodists at present is spent largely on 'repair work' and a complete scheme should include routine inspection of the feet of all scholars, making available suitable shoes and, finally, persuading the children and their parents to wear correctly designed and properly fitted shoes.

The need for health education or, specifically, this necessity to convince school children of the need to wear proper shoes, is paralleled by the Principal County School Dental Officer's plea for the encouragement of better care of the teeth. It is also manifest in the need to reduce smoking and to encourage responsible sexual behaviour.

Efforts have been made in the direction of health education in the past, both in schools and elsewhere and considerable success has been achieved in some directions. During the year under review, the County Council approved the setting up of a Health Education Section in the Health Department and this will be available, as required, to the School Health Service. It is not intended that the Section shall itself undertake all lecturing and demonstrating, but that it shall help others to do this more effectively than hitherto. A library of

information, viz: slides, cine films, film strips, flannel graphs, projectors and so on, is being assembled under the direction of a whole-time Health Educator who has international experience in this field. The creation of this section is a landmark in the progress of the health services in the County and one which will greatly aid all its ramifications, including the School Health Service.

The work of all parts of the School Health Service progressed satisfactorily during the year and much good work was done which cannot be selected for special mention. It is the diligent application of the staff, viz: medical, dental, nursing ancillary and clerical, on the one hand and the far sighted willingness of the Committee to adopt improvements and schemes on the other, that has resulted in an effective and economical scheme of which Staffordshire people can well be proud.

G. RAMAGE,

County Principal School Medical Officer.

School Health Service,
County Buildings,
Stafford.
Tel. No.: 51141.

Annual Report

PART I.—INSPECTIONS AND OTHER

EXAMINATIONS

Table I. Medical Inspection of pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

A. Periodic Medical Inspections:

Age Groups Inspected

(by year of birth)

1957 and later	612	} Entrants.
1956	7,270	
1955	5,131	
1954	717	
1953	277	} 2nd Age Group.
1952	254	
1951	3,510	
1950	5,531	
1949	2,360	
1948	319	} 3rd Age Group.
1947	2,476	
1946 and earlier	8,335	
Total	36,792	

B. Number of Other Inspections:

Special Inspections	277
No. of Re-inspections	24,630
Total	24,907

C. Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

<i>Age groups Inspected By year of birth</i>			<i>For defective vision (excl. Squint)</i>	<i>For any of the other conditions recorded in Pt. II</i>	<i>Total Individual Pupils</i>
1957 and later	...	...	3	45	46
1956	...	...	129	564	629
1955	...	...	83	414	444
1954	...	...	22	60	75
1953	...	...	10	17	27
1952	...	...	12	29	37
1951	...	...	144	225	355
1950	...	...	219	283	485
1949	...	...	103	158	258
1948	...	...	23	26	47
1947	...	...	101	132	236
1946 and earlier	...	...	354	364	707
Total	...	...	1,203	2,317	3,346

The total of individual pupils found to require treatment increased to 3,346 from 2,860 in 1960.

Table 2(a). Defects found by Medical Inspection
Periodic Inspections

Defect Code No. (1)	Defect or disease (2)						Periodic Inspections			
							Entrants	Leavers	Others	Total
4	Skin	...	...	...	T	O	89	140	92	321
							408	317	396	1121
5	Eyes—(a) Vision	...	...	...	T	O	214	455	533	1202
							545	1165	1232	2942
	(b) Squint	...	...	...	T	O	69	14	27	110
							273	80	210	563
	(c) Other	...	...	...	T	O	23	13	30	66
							95	85	124	304
6	Ears—(a) Hearing	...	...	...	T	O	20	16	19	55
							187	115	202	504
	(b) Otitis Media	...	...	...	T	O	37	16	26	79
							380	209	285	874
	(c) Other	...	...	...	T	O	20	13	25	58
							145	48	103	296
7	Nose and Throat	...	...	...	T	O	242	32	108	382
							2010	441	1186	3637
8	Speech	...	...	...	T	O	66	12	43	121
							403	45	159	607
9	Lymphatic Glands	...	...	...	T	O	48	5	14	67
							624	57	260	941
10	Heart	...	...	...	T	O	19	23	16	58
							242	121	186	549
11	Lungs	...	...	...	T	O	80	11	24	115
							867	225	499	1591
12	Development—(a) Hernia	...	...	...	T	O	15	2	15	32
							90	11	51	152
	(b) Other	...	...	...	T	O	18	18	37	73
							316	53	242	611
13	Orthopaedic—(a) Posture	...	...	...	T	O	21	21	39	81
							141	198	272	611
	(b) Feet	...	...	...	T	O	104	47	95	246
							422	226	361	1009
	(c) Other	...	...	...	T	O	70	49	55	174
							423	395	555	1373
14	Nervous System—(a) Epilepsy	...	...	...	T	O	6	—	—	6
							25	28	52	105
	(b) Other	...	...	...	T	O	7	5	20	32
15	Psychological—(a) Development	...	...	...	T	O	282	94	190	566
							11	4	29	44
	(b) Stability	...	...	...	T	O	192	54	276	522
16	Abdomen	...	...	...	T	O	8	9	8	25
							299	147	330	776
17	Other	...	...	...	T	O	6	7	13	26
							93	35	110	238
17	Other	...	...	...	T	O	29	33	59	121
							250	206	330	786

Table 2(b). Defects found by Medical Inspection
Special Inspections

<i>Defect or Disease</i>	SPECIAL INSPECTIONS	
	<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
Skin	—	12
Eyes—(a) Vision	11	19
(b) Squint	2	6
(c) Other... ..	—	2
Ears—(a) Hearing	1	18
(b) Otitis Media... ..	1	6
(c) Other... ..	—	3
Nose and Throat... ..	5	32
Speech	3	21
Lymphatic Glands	—	14
Heart	—	18
Lungs	—	38
Developmental—		
(a) Hernia	—	2
(b) Other... ..	—	7
Orthopaedic—		
(a) Posture	—	8
(b) Feet	—	5
(c) Other... ..	—	13
Nervous System—		
(a) Epilepsy	1	3
(b) Other... ..	—	7
Psychological—		
(a) Development	6	10
(b) Stability	1	9
Abdomen	—	9
Other	1	15

During the year there was a decrease of 3,080 in the number of periodical medical inspections performed and a reduction of 216 in the number of special inspections and re-inspections as compared with 1960.

The table below shows the percentage of defects, newly found at routine medical inspection and recommended for treatment:—

	%		%
1953	12·4	1958	9·5
1954	10·7	1959	8·3
1955	9·7	1960	8·1
1956	9·7	1961	9·5
1957	9·3		

The percentage of children with defects requiring treatment found at routine medical examination increased and a total of 3,494 defects were found to require treatment as compared to 3,223 in the previous year—so that the system of periodic examinations still continues to serve a useful function. In addition it should be noted that a further 20,678 defects were noted as requiring continued observation although treatment was not immediately required.

The largest increases in the types of defects requiring observation were conditions of the lungs 1,591 (1,424 in 1960) and heart conditions 549 (457 in 1960). Nose and throat conditions requiring observation were 707 less compared with the previous year (4,344 in 1960 and 3,637 in 1961).

The largest increase in types of defects requiring treatment was in respect of vision, 1,202 in 1961 compared with 968 in 1960. The largest decrease noted was in skin conditions. 321 children required treatment for this compared with 400 in 1960.

Experimental Methods of Medical Inspection

Experiment I

Children admitted to primary schools and children leaving secondary schools in Experiment I have continued to be seen under routine age group medical inspection arrangements.

The children, not in these two groups, attending schools in the experiment have been seen only when their examination

was requested by a teacher, nurse, school welfare officer or parent, or at the suggestion of the School Medical Officer. A table showing the findings arising from seeing the 663 children referred in this way is given below.

Table 2(c)

Findings of Medical Inspections of Children examined under the experimental schemes.

EXPERIMENT I

<i>Defects</i>	<i>For Treatment</i>		<i>For Observation</i>		<i>Total</i>	
	1960	1961	1960	1961	1960	1961
Skin	7	5	16	36	23	41
<i>Eyes:</i>						
Defective Vision ...	53	35	83	66	136	101
Squint	9	5	11	16	20	21
Other conditions ...	1	—	5	3	6	3
<i>Ears:</i>						
Hearing	1	2	8	10	9	12
Otitis Media R. ...	1	—	6	17	7	17
Otitis Media L. ...	—	1	5	14	5	15
Other conditions ...	3	—	10	5	13	5
Nose and Throat... ..	8	5	104	135	112	140
Speech	—	5	11	8	11	13
Glands	2	—	30	21	32	21
Heart	1	1	19	13	20	14
Lungs	2	4	32	59	34	63
<i>Development:</i>						
Hernia	—	—	3	3	3	3
Other	1	—	32	38	33	38
<i>Orthopaedic:</i>						
Posture	—	2	8	17	8	19
Feet	3	7	7	22	10	29
Other conditions ...	3	1	26	40	29	41
<i>Nervous System:</i>						
Epilepsy	—	—	4	6	4	6
Other conditions ...	1	2	14	28	15	30
<i>Psychological:</i>						
Development	—	1	2	15	2	16
Stability	—	1	12	25	12	26
Abdomen	—	—	11	6	11	6
Miscellaneous	3	13	20	57	23	70
	99	90	479	660	578	750

During the year there were approximately 8,331 children in the 35 schools involved in Experiment I and the total numbers of children examined at these schools in all age groups was 1,658.

Reference was made in last years annual report to the intention to do a routine examination in some of the schools in Experiment I. Two schools were chosen, a junior boys and a junior girls, and although interpretation of some of the results was difficult, the overall picture was clear and disappointing. No less than 18% of the numbers examined had defects requiring treatment, although both schools had been visited only a little earlier under the Experiment I Scheme. Moreover, 80 of the 89 children inspected had a defect not previously noted and some may require active treatment later.

Despite these findings, however, it is intended to re-examine the matter in the hope of finding ways of improving the scheme and initially it is intended to see if parents will co-operate by completing a medical questionnaire, perhaps annually.

Routine Medical Inspections

The following information has been extracted from reports received from School Medical Officers regarding their routine medical inspections in schools during the year.

“Head Teachers have been most helpful and co-operative during the school medical examinations. Their knowledge of the children and their backgrounds is invaluable. Even in schools which are relatively overcrowded, accommodation as adequate as possible, is readily made available to the school doctor during routine medical examinations. Much evident understanding and appreciation of the work of the School Health Service is shown.”

“I have been particularly pleased with the desire of some Head Teachers to ask me about children who they are worried about as regards teaching, such as speech defects etc.”

“In general the attitude is helpful, but some head teachers are much more helpful than others. This is reflected in the amount of information entered on the school medical record (10M), and the number of “specials” brought forward.”

“The absence of changing facilities particularly in the case of infants slows up proceedings considerably when observing the need for examinations to be confidential.”

Co-operation with Local General Practitioners

The following information has been extracted from reports supplied by School Medical Officers regarding their work during the past year.

“On the whole, the co-operation is good and G.P.’s stress the fact that they like to have a copy of the results of any investigations carried out through the School Health Service, forwarded to to them.”

“Cases referred to G.P.’s seem to receive attention but written replies are not received. Co-operation by telephone is generally good. G.P.’s are tending to make a little more use, via the S.M.O., of County Specialist Services—especially in E.N.T.”

“ . . . most G.P.’s are quite unfamiliar with procedure in public health where an M.O. can make recommendations only. This point is well illustrated by the G.P.’s who have . . . asked me to arrange home tuition for a school child who is a patient. It is difficult to make a G.P. understand why the child needs to be examined again by the S.M.O., even more difficult for him to accept that his request may not be the best, or even practicable, and finally that the S.M.O. can make recommendations only regarding requests he receives.”

“We do not yet have many cases referred from G.P.’s asking advice as to the best type of education for a patient who is a handicapped child, I am usually told what to arrange.”

It is then apparent that while co-operation between the services is improving there is need yet for better understanding by General Pracutioners of the functions of the School Health Service and efforts are being made in several directions to improve this liaison.

Table 3. Parents attending Periodic Medical Inspections

		<i>No. of Children Examined</i>	<i>No. of Parents Attended</i>	<i>Percentage of Par- ents who Attended</i>
Entrants	{ 1957 and later	612	533	87·09
	{ 1956	7,270	6,508	89·5
	{ 1955	5,131	4,468	87·07
	{ 1954	717	554	77·26
	{ 1953	277	201	72·56
	{ 1952	254	173	68·1
	{ 1951	3,510	2,598	74·01
Inter- mediates	{ 1950	5,531	4,072	73·62
	{ 1949	2,360	1,592	67·45
	{ 1948	319	113	35·42
Leavers	{ 1947	2,476	556	22·46
	{ 1946 and earlier	8,335	1,856	22·26
Total ...		36,792	23,224	63·12

Whilst the number of children examined fell by 3,080 compared with 1960 only 15 fewer parents attended and so the overall picture shows an improvement in the percentage of parents attending from 58% in 1960 to 63% in 1961.

Table 4. Ascertainment of Handicapped Children during 1961

<i>Category</i>						<i>No. of Children Ascertained</i>	
						1960	1961
Blind	...	...	...	...	...	2	4
Partially Sighted			...	...	...	3	4
Deaf	...	...	...	...	...	3	4
Partially Deaf	...	...	...	...	...	16	16
Delicate	...	...	...	...	...	34	43
Educationally Sub-Normal				...	...	277	271
Epileptic		...	...	...	...	49	45
Maladjusted	...	...	...	...	...	75	17
Physically Handicapped				...	...	209	187
						668	591

The table above does not include children living in the Excepted District of Newcastle. Almost all the children were examined at the school clinics.

Table 5. Notification of Handicapped Pupils leaving school to the Youth Employment Service.

No. of children who were advised not to take up certain types of employment	959
No. of children advised to register under the Disabled Persons (Employment) Act, 1944	7
	966

A report giving an indication of the type of work for which a child is suitable is issued for each child examined in the “leaver” group for the information of the Youth Employment Service.

The arrangement for consultation of the School Medical Officers by the Area Youth Employment Committees prior to committee meetings still continues. In difficult cases the Medical Officer may attend the Committee as an adviser.

It is pleasing to note that certain Youth Employment Officers have stated they have found the medical reports submitted to be most helpful in the correct placing of children. It is regrettable that so many children on leaving school have some type of handicap—albeit a minor one, but they are given effective help in making their way in life. The number of children referred this year shows an increase of 80 compared with 1960.

Table 6. Miscellaneous Examinations

<i>Type of Examination</i>	1960	1961
Employment Licenses	1,485	1,515
Entrants to courses of training for Teachers	361	385
Entrants to the Teaching Profession	222	351
Superannuation	651	752
Children boarded out by the Children’s Committee ...	349	268
Adventure Courses	276	156
	3,344	3,427

The number of these examinations has increased by 83 as compared with 1960. All of the examinations were carried out by School Medical Officers at the school clinics and they take up a good proportion of the time devoted to attendance at the clinics.

Of the 1,515 children who were examined for employment licences, as compared with 1,485 in 1960, two were refused a licence on account of unfitness.

Home Visiting

Table 7. Details of home visits made by Nursing Staff

<i>Reason for Visit</i>						<i>No. of Visits</i>
Uncleanliness and verminous cases	...	...	...	...	...	3,897
Arising out of medical inspections	...	...	...	...	...	1,311
Arising out of inspection at clinics	...	...	...	...	...	825
All skin diseases	...	...	...	...	...	214
Aural:—Ears	...	...	...	...	...	354
Nose and throat conditions	...	...	...	...	...	848
Ophthalmic defects	...	...	...	...	...	3,390
Orthopaedic defects	...	...	...	...	...	290
Educationally subnormal children	...	...	...	...	...	586
Neglected children	...	...	...	...	...	770
Infectious diseases	...	...	...	...	...	306
Heaf testing	...	...	...	...	...	129
National Survey (Health & Development)	...	...	...	...	...	18
Holiday visits to children home	...	...	...	...	...	
from special schools	...	...	...	...	...	368
Miscellaneous	...	...	...	...	...	2,431
Ineffectual visits	...	...	...	...	...	1,172
						16,909

There was an increase of 1,062 in the number of home visits made by the nurses as compared with last year and a larger proportion of these were of value since the number of ineffectual visits fell by 614.

Visits on account of uncleanness and verminous cases increased during the year by 492. The main decrease (293) was on account of nose and throat conditions. Much useful work was also done with home visiting of neglected children and those believed to be suffering from infectious disease. It was not necessary to pay as much attention to children at home from special schools as their home conditions are now generally well known.

The visitation of children in their homes is an important part of the school nurse's work, for by this it is ensured that children obtain treatment which has been recommended by the medical officer.

Details of visits to schools made by Nursing Staff

<i>Reason for Visit</i>						<i>No. of Visits</i>
Ophthalmic Cases :—						
General	...	...	...	...	...	1,858
To administer atropine	...	...	...	...	...	399
Vision testing prior to						
Medical inspection	...	...	...	...	...	934
Attendance at Ophthalmic Clinic	...	...	...	...	...	187
Infectious Diseases	...	...	...	...	...	86
Hygiene inspections	...	...	...	...	...	4,234
Miscellaneous	...	...	...	...	...	410
						8,108

It will be seen from these figures that the nurses are required to devote a considerable amount of time to work at the schools. The majority of the visits were in connection with hygiene inspections which compared with 1960, rose by 532 during 1961. The nurses make routine visits to schools each term to supervise the cleanliness of the children and supervise their general hygienic condition. A fuller report in this connection is given on page 87.

In addition the nurses attend with the School Medical Officers to assist at routine medical inspections.

Visits to give atropine drops fell from 1,633 in 1960 to 586 in 1961 as a result of most of the Ophthalmic Surgeons changing to cyclogyl for mydriasis.

PART II—TREATMENT

Table 8. Details of treatment given

Diseases of the Skin

					<i>No. of cases treated or under treatment during the year</i>
					<i>By the Authority</i>
Ringworm—(i)	Scalp	...	...	...	2
	(ii) Body	...	...	...	53
Scabies	...	...	...	...	42
Impetigo	...	...	...	...	88
Other Skin Diseases	...	...	...	...	1,987
Total					2,172

Eye Diseases, Defective Vision and Squint

			<i>Number of cases dealt with</i>	
			<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
External and other, excluding				
errors of refraction and squint			499	32
Errors of refraction (incl. squint)			3,244	146
Total			3,743	178
Number of pupils for whom				
spectacles were prescribed	...	...	5,284	473

Diseases and Defects of Ear, Nose and Throat

*No. of cases known
to have been dealt with*

Received operative treatment ...	
(a) for diseases of the ear ...	—
(b) for adenoids and chronic tonsillitis	1,373
(c) for other nose and throat conditions	82
Received other forms of treat- ment	228
Total	1,683

Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961	12
(b) in previous years ...	95
	107

Orthopaedic and Postural Defects

Number treated as in-patients in hospitals	181
Number treated otherwise, e.g. in clinics or out-patient de- partments	1,133
	1,314

Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics ...	275
---	-----

Speech Therapy

Number of pupils treated by Speech Therapists	773
---	-----

Other Treatment Given

Miscellaneous minor ailments...	332
Respiratory defects	632
Injuries	2,031
Debility and malnutrition ...	359
Infectious diseases	284
Abdominal defects	459
Heart conditions	88
Other	1,084
Total	5,269

Pupils who received convalescent treatment under School Health Service arrangements	273
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Pupils who received B.C.G. Vaccination	6,822
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COUNTY CLINICS

Table 9.

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)
as at 31-12-61

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Aldridge	Leighswood Road (Tel. Aldridge 52088)	9-0—10-30 Wed. weekly	9-0—5-0 Daily	9-30—12-30 Wednesday	9-30—4-30 Thursday	9-30—12-30 Fris. weekly
Ashley	Memorial Hall	2-0—2-30 Tues. fortnightly	—	—	—	—
Audley	District Council Office (Tel. Audley 203)	2-0—2-30 Tues. weekly	—	*	—	—
Baddeley Green	Leek Road Milton	—	—	9-30—12-30 Weds. every 6—8 weeks	—	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—	—
Biddulph	Princes Street (Tel. Biddulph 2040)	9-0—10-30 Fri. every 2nd and 4th in month	9-0—12-30 1st Fri. in month	2-0—5-0 Mons.	—	—
Bilston	‡ Central Health Clinic 23 Wellington Road (Tel. Bilston 41527)	9-0—10-30 Daily inc. Sat.	Daily 9-0—5-0 (Not Sats.)	1-30—4-0 Tues. weekly	9-30—12-0 Mons. and Weds. 9-30—4-30 Thurs.	2-0—5-0 Mons. and Weds. weekly
Brewood	Dr. Cheshire's Surgery Sandy Lane (Tel. Brewood 206)	9-0—10-30 Wed. fortnightly	—	9-30—12-30 Tues. every three months	—	—
Brierley Hill	Fairview, Church Hill (Tel. Br. Hill 77555)	9-0—10-30 Tues. weekly	*	9-30—5-0 Mon. weekly	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Brownhills	36 Pier Street (Tel. Brownhills 2219)	9-0—10-30 Tues. fortnightly	Daily 9-0—5-0 (From Feb., 1962)	—	9-30—12-0 Mondays	1-30—4-30 Fridays
Cannock	‡ (1) Health Department, Church Street (Tel. Cannock 2096)	9-0—10-30 Mon. and Thurs. wkly.	—	9-30—12-30 Friday weekly	—	†
	(2) Arthur Street, Chadsmoor (Tel. Cannock 2347)	9-0—10-30 Weds. wkly.	Daily 9-0—5-0	—	9-30—12-0 Thurs. weekly	—
	(3) Cannock Rd., Hednesford (Tel. Hednesford 228)	9-0—10-30 Wed. and Fri. weekly	—	—	—	—
Chasetown	Youth Centre, Sankey's Corner	9-0—10-30 Tues. weekly	—	—	—	—
Cheadle	Carlos Memorial Institute	9-0—10-30 Tues. fortnightly	—	9-30—12-30 Thurs. every 2 weeks	—	—
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	—	—	—	—
Cheslyn Hay	Junior School (Tel. Cheslyn Hay 398)	9-0—10-30 Mon. fortnightly	—	—	—	—
Codsall	Elliotts Lane (Tel. Birches Bridge 738)	9-0—10-30 Tues. fortnightly	—	—	9-0—5-0 Weds.	2-0—5-0 Mons. weekly
Coseley	Bayer Hall (Tel. Sedgley 2306)	9-0—10-30 Mon. Wed. and Fri.	—	9-30—12-30 Mondays	—	9-0—12-0 Thurs. weekly
Darlaston	The Flatts Victoria Road	9-0—10-30 Mon. and Thurs. weekly	—	9-30—5-0 Tues.	2-0—4-0 Weds.	9-30—4-30 Fridays

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. fortnightly 2—2-30	—	—	—	—
Essington	Methodist School	Wed. fortnightly 9-0—10-30	—	—	—	—
Featherstone	United Methodist Chapel	Fri. weekly 1-30—2-0	—	9-30—12-30 Tues. once a term	—	—
Gnosall	N. County Sec. School (Tel. Gnosall 391)	Wed. weekly 9-0—10-30	—	—	—	—
Great Wyrley	(1) Great Wyrley Junior School (2) The Hutments No. 1 Walsall Road	Wed. fortnightly 10-30—12 Wed. fortnightly	—	9-30—12-30 Tues. once a term	—	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. fortnightly	—	—	—	—
Harriseahead	Wesleyan Sunday School High Street	2-0—2-30 Tues. fortnightly	—	—	—	—
Huntington	Cty. Sec. Mod. School, Huntington	9-0—10-30 Thurs. fortnightly	—	—	—	—
Kidsgrove	‡ Day Nursery Liverpool Road (Tel. Kidsgrove 2289)	9-0—10-30 Mon. fortnightly	—	9-30—12-30 Wed. fortnightly	9-30—4-30 Fridays weekly	—
Kingswinford	High Street (Tel. Kingswinford 4940)	9-30—10-30 Tues. fortnightly	—	—	9-30—4-30 Mons.	2-0—5-0 Weds. and Thurs.
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	(proposed for 1962) —	—	—
Leek	‡ (1) Cripples' Aid Society Clinic, Salisbury Street (Tel. Leek 1313) (2) Alsop Street (Tel. Leek 110)	9-0—10-30 Mon., Thurs.	—	9-30—5-0 Wed. fortnightly	9-30—4-30 Tues. weekly	‡ Mons., Weds Fris. (R.H.B. Clinic)
Lichfield	(1) Sandford Street (Tel. Lichfield 2246) ‡ (2) Red Court House Tamworth Street (Tel. Lichfield 3656) Bull Street (Tel. Dudley 53175)	— — 9-0—10-30 Wed. fortnightly 9-0—10-30 Fri. fortnightly	2-0—5-0 Fris. * —	— — 9-30—12-30 Fri. weekly and Weds. occasionally	— — 9-30—12-30 Mons. 2-0—4-30 Thurs. weekly	— — 9-0—5-0 Tues. weekly
Lower Gornal			—	—	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Madeley	Village Hall	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Weds. every 3 months.	—	—
Norton Canes	Trinity Methodist Church Brownhills Road	10-45—12-0 Mon. fortnightly	—	—	—	—
Pelsall	Central Hall	9-0—10-30 Mon. weekly	—	—	—	—
Penkridge	Dr. McCollum's Surgery St Michaels Road (Tel Penkridge 300)	9-0—10-30 Thurs. fortnightly	—	—	—	—
Pheasey Estate ‡	2, Crome Road	9—10-30 Tues. weekly	—	9-30—12-30 Weds. every 3 weeks	9-30—4-30 Thurs. weekly	—
Quarry Bank	Mount Pleasant	9-0—10-30 Mon. fortnightly	*	—	—	—
Rowley Regis ‡ (1)	Carlyle Road, Blackheath (Tel. Blackheath 1334)	9-0—10-30 Mon. fortnightly	*	2-0—4-0 2nd and 4th Tues. in month	9-30—12-30 Fris. weekly	—
‡ (2)	Mace Street, Old Hill (Tel. Crad. Heath 66806)	9-0—10-30 Tues. weekly and Thurs. fortnightly	*	2-0—4-0 1st and 3rd Tues. in month	2-0—4-0 Fris. weekly	—
‡ (3)	Elm Terrace Tivdale Hall Estate Nr. Dudley (Tel. Dudley 54979)	9-0—10-30 Mon. fortnightly	—	—	2-0—4-0 Mons. weekly	9-0—12-30 Tues. weekly
(4)	Methodist School Room Springfield (Tel. Black Heath 1333)	2-0—2-30 Thurs. fortnightly	—	—	—	—
Rugeley	Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	9-0—12-30 Tues. weekly	1-45—4-45 Wed. weekly	9-30—12-0 Thurs. weekly	9-0—12-30 Mon. weekly
Sedgley (1)	Bleak House (Tel. Sedgley 2192)	9-0—10-30 Tues. fortnightly	—	2-0—5-0 Mon. weekly	—	—
(2)	Quadrant (Tel. Sedgley 3048)	9-0—10-30 Wed. fortnightly	*	—	2-0—5-0 Tues. weekly	2-0—5-0 Fri. weekly
Shelfield	Coal Heath Lane off Lichfield Road (Tel. Pelsall 279)	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Wed. fortnightly	9-30—12-0 Tues. and Fri.	—
Short Heath	Pools Lane (Tel. Bloxwich 76146)	9-0—10-30 Fri. weekly	9-0—5-0 Tues. Wed. Thurs.	—	9-30 to 4-30 Mondays	9-0—5-0 Weds.

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Stafford	‡ (1) Lammascote Road (Tel. Stafford 3950)	9-0—10-30 Daily inc. Sat, except Tues.	9-0—5-0 Daily except Sat.	9-30—5-0 Tues. weekly	—	9-0—5-0 Thurs. weekly
	(2) North Walls (Tel. Stafford 2301)	—	—	—	1-30—4-30 Mons. 2-0—5-0 9-30—4-30 Weds. Tues. weekly	
Stone	(3) Rising Brook (Tel. Stafford 3372)	9-0—10-30 Thurs. weekly	—	1-30—4-30 Thurs. fortnightly	9-30—4-30 Wednesday	9-0—12-0 Tues. weekly
	(1) St. Michael's Hall	9-0—10-30 Thurs. weekly	—	9-30—5-0 Tues. every 2—3 months	—	—
	(2) Kitchener Institute (Tel. 419)	—	9-0—5-0 Daily except Sats.	—	—	—
Talke	Cross House	9-0—10-30 Thurs. every 4th week	—	—	—	—
Tamworth	‡ School of Industry Marmion Street (Tel. Tamworth 197)	9-0—10-30 Thurs. weekly	*	9-30—12-30 Tues. fortnightly	9-30—12-30 Fris. weekly	1-30—4-30 Mondays
Tettenhall	U.D.C. Offices, Upper Green (Tel. (W'ton 51536)	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Wed. fortnightly	1-30—4-30 Mons. and Weds. 2-0—5-0 Tues. and Fris. wkly.	9-0—12 Mon.
Tipton	‡ (1) Central Clinic, Horseley Rd. (Tel Tipton 1949)	9-0—10-30 daily incl. Sat.	—	10-0—12-30 Tues. weekly	9-30—12-30 Mons. weekly 9-0—5-0 Tues. weekly	2-0—5-0 Thurs. 9-0—12-0 Fri. weekly
	(2) Princes End Junior Mixed and Infants' School	9-0—10-30 Mon. and Thurs. weekly	—	—	—	—
	(3) Birch Street	9-0—10-30 Tues. weekly	—	—	—	—
Tutbury	(1) Methodist Sunday School	1-30—2-0 Fri. fortnightly	—	—	—	—
	(2) Tutbury Institute	—	—	9-30—12-30 Thurs. every 3 mths. 2-0—5-0 Tues. fortnightly	—	—
Uttoxeter	Heath House (Tel. Uttoxeter 555)	9-0—10-30 Fri. weekly	*	—	9-30—12-30 Tues. weekly	9-0—5-0 Wed. weekly
Walsall Wood	Primitive Methodist School, Lichfield Road	9-0—10-30 Wed. fortnightly	—	—	—	—
Wednesbury	(1) Technical School, Albert Street (Tel. Wednesbury 0215)	9-0—10-30 Mon. and Fri weekly	—	—	—	—
	(2) King's Hill (Tel. James Bridge 2987)	9-0—10-30 Tues. and Fri. weekly	—	—	—	9-0—12-0 Mons. and Wed. weekly
	‡ (3) Mesty Croft (Tel. Wednesbury 0020)	9-0—10-30 Mons. weekly	—	—	9-30—12-30 Weds. weekly	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Wednesfield	(1) Alfred Squire Road (Tel. W'ton 32381)	9-0—10-30 Tues. weekly	—	—	9-30—12-0 Fris. weekly	9-0—12-30 Thurs.
N.	(2) Wards Bridge Sec. Mixed School (Tel. W'ton 32408)	9-0—10-30 Tues. weekly	—	—	—	—
	(3) 49 Olinthus Avenue	—	—	9-30—12-30 Mons. weekly	—	—
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	—	—	—	—
Weston Coyney	Community Centre (Tel. Stoke-on-Trent 32580)	2-0—3-30 Thurs. fortnightly	—	9-30—4-30 Thurs. every 3 months	9-30—4-30 Weds.	—
Willenhall	† Nurses Home, Walsall Road (Tel. Willenhall 65638)	9-0—10-30 Mon. and Fri. weekly	—	9-30—12-30 Thurs. weekly	—	—
Wombourn	‡ Mill Lane (Tel. Wombourne 2495)	9-0—10-30 Tues. fortnightly	—	—	9-0—4-30 Thurs. weekly	—
Wordsley	Primitive Methodist Sunday School	9-0—10-30 Mon. fortnightly	—	—	—	—

* Clinics are also held on these premises as and when necessary.

† An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0—5-0 except Saturday

‡ Ultra Violet Light Clinics held on these premises once or twice weekly.

N. No. Doctor. Nurse only in attendance at M.A.C.

Minor Ailments Clinics

		1960	1961
No. of Clinics	...	71	70
No. of first visits	...	7,704	6,053
No. of re-visits	...	18,335	13,438

The number of defects found in children attending the clinics for treatment of minor ailments was 6,292 compared with 7,780 in 1960. The medical officers were also employed in the ascertainment and “follow-up” examinations of handicapped children and by the miscellaneous examinations shown in Table 6 on page 23

Table 10. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>					<i>No. of Cases</i>
Defective vision	...	...	...	...	741
Squint	...	...	...	...	20
Blepharitis	...	...	...	...	53
Conjunctivitis...	...	...	...	...	89
Styes	...	...	...	...	137
Other eye defects	...	...	...	...	106
Enlarged tonsils and/or adenoids	...	...	...	...	121
Other defects of nose and throat	...	...	...	...	72
Defective hearing	...	...	...	...	61
Otitis media	...	...	...	...	28
Other defects of ears...	...	...	...	...	102
Speech defects	...	...	...	...	116
Cough or catarrh	..	...	...	...	100
Bronchitis	...	...	...	...	46
Asthma	...	...	...	...	34
Ringworm—Scalp	...	...	...	...	2
Body	...	...	...	...	53
Scabies	...	...	...	...	42
Impetigo	...	...	...	...	85

Septic sores	...	...	...	...	437
Warts—General	...	...	...	...	295
Plantar	...	...	...	...	641
Boils	...	...	...	...	169
Other skin defects	...	...	...	...	383
Major injuries (including fractures)	...	...	...	...	19
Burns	...	...	...	...	105
Sprains or strains	...	...	...	...	269
Other minor injuries	...	...	...	...	1,131
Heart conditions	...	...	...	...	9
Rheumatic conditions	...	...	...	...	14
Debility and malnutrition	...	...	...	...	359
T.B. Glands—Cervical	...	...	...	...	3
Abdominal	...	...	...	...	3
Posture	...	...	...	...	28
Flat feet	...	...	...	...	46
Other orthopaedic defects	...	...	...	...	64
Other defects	...	...	...	...	309
					6,292

Bilston Foot Clinic

No. of new cases of plantar warts treated...	309
No. of treatments	1,866
No. of sessions	127
No. of children on waiting list	38

Ophthalmic Clinics

Table 11. Visual and External Eye Defects

No. of children examined	...	...	...	9,543
No. of children attending for				
the first time	...	...	...	2,853
No. of re-visits	...	...	...	6,690
Analysis of major defects found among new cases:—				
<i>Errors of Refraction :—</i>				
Hypermetropia	...	...	...	220
Hypermetropic astigmatism	...	...	...	315
Compound hypermetropic astigmatism	...	...	...	214
Myopia	...	...	...	579
Myopic astigmatism	...	...	...	202
Compound myopic astigmatism	...	...	...	56
Mixed astigmatism	...	...	...	115
Anisometropia	...	...	...	295

Diseases and abnormalities:—

Lids and conjunctiva:—

Blepharitis	...	...	...	...	...	...	12
Ptosis	...	...	...	...	...	...	5
Conjunctivitis	...	...	...	...	...	...	3
Angular conjunctivitis	...	...	...	...	...	...	1
Epicanthus	...	...	...	...	...	...	15
Amblyopia	...	...	...	...	...	...	72
Contusion of lids	...	...	...	...	...	...	2

Cornea:—

Corneal scars	...	...	...	...	...	...	3
Corneal Opacities	...	...	...	...	...	...	2

Uvea:—

Albinism	...	...	...	...	...	...	4
----------	-----	-----	-----	-----	-----	-----	---

Lens:—

R. Traumatic cataract}	...	...	...	...	...	...	1
Congenital cataract	...	...	...	...	...	...	2
Lenticular opacity	...	...	...	...	...	...	2

Retina:—

Retinal tumour	...	...	...	...	...	...	1
Congenital retinal deformity	...	...	...	...	...	...	1
Detachment of retina traumatic	...	...	...	...	...	...	2

Nerves:—

Optic atrophy	...	...	...	...	...	...	1
Papilloedema	...	...	...	...	...	...	1

Muscles:—

Nystagmus	...	...	...	...	...	...	6
Strabismus	...	...	...	...	...	...	221
Exophoria	...	...	...	...	...	...	6

Others:—

Microphthalmos	...	...	...	...	...	...	5
Migraine	...	...	...	...	...	...	1
Epiphora	...	...	...	...	...	...	1

The total number of children examined was 707 less than in the previous year. There was however an increase of 182 first examinations and a decrease of 989 re-examinations.

The staff has worked continuously throughout the year but there are still one or two clinics which have large waiting lists.

The system has continued whereby a school nurse is engaged whole time in testing the vision of the 8 year age group, 13,424 children were examined, 1,451 were found to have defective vision of whom 751 were already under treatment and supervision. All the 700 newly found cases were offered examination under School Health Service arrangements. The School Medical Officers are also encouraged to perform vision tests at the routine examinations of those school entrants who are able to co-operate.

To the 602 old cases of squint were added 221 children newly found to be suffering from squint and a number were referred to various hospitals for orthoptic treatment or operation. Details of the orthoptic cases are given on page 57.

The number of children found during the year to be suffering from myopia was 579, 35 less than in 1960. Very few of these cases had the disease in the progressive state and all were kept under frequent supervision.

Chiropody

Towards the end of the year the Health Committee agreed to allow the Education Committee to utilise the recently established County Chiropody Service and the Education Committee accepted responsibility for 20% of the cost of the service.

There are six full time chiropodists employed at 42 chiropody clinics throughout the County and details of the treatment provided will appear in future reports. This year there were only a few days in December during which school children could be referred and only 5 boys and 3 girls started treatment. Seven of the children were referred for verrucae and one had corns.

Table 12.

Cannock Orthopaedic Clinic

No. on register at end of December, 1961	...	109
No. of new cases	... ..	69
No. of children discharged cured	... ..	32
No. of cases lost sight of, etc.	... ..	18
No. of attendances for physiotherapy	... ..	2,383
No. of attendances for ultra violet light treatment		712
No. of examinations by Orthopaedic Surgeon	...	208

Table 13. Defects under observation and treatment at Cannock Clinic

				1959	1960	1961
Anterior poliomyelitis	...	...	...	11	8	8
Hemiplegia	...	...	...	2	1	1
Scoliosis	...	...	...	4	2	4
Kyphosis	...	...	...	5	6	14
Poor posture	...	...	...	6	7	3
Knock knees	...	...	...	42	21	23
Bow legs	...	...	...	2	1	2
Flat feet	...	...	...	47	51	48
Claw feet	...	...	...	3	2	8
Hammer toes	...	...	...	10	12	19
Club foot	...	...	...	11	13	9
Dislocation of hip	...	...	...	1	1	1
Wry neck	...	...	...	1	1	2
Short leg	...	...	...	1	1	1
Spastic...	...	...	...	3	3	3
Exostosis os calcis	...	...	...	2	1	3
T.B. Hip	...	...	...	—	1	1
Supernumerary digits	...	...	...	—	—	4
Other conditions	...	...	...	7	4	6
				158	136	160

Remedial Exercise Clinics

The physiotherapy service was last reviewed in 1958 when the establishment of physiotherapists was increased from 3 to 4 full time staff.

In the meantime, because of recruiting difficulties and the impossibility of providing suitable premises, as a temporary measure school nurses have undertaken some of this work in existing clinics although, of course, the school nurses were not specially trained in this respect. During the year, however there were some signs of improvement in the number of physiotherapists available, so the time being opportune, the needs of the physiotherapy service were again reviewed. It was fortunate that since the previous review there had also been an

improvement in accommodation for fourteen new premises had been built or replaced in recent years. The increased establishment of physiotherapists also produced the added advantage of releasing the school nurses who have been performing this work for other duties.

The Education Committee agreed that the School Health Service should be increased by the appointment of the equivalent of two wholetime physiotherapists and that thirteen new clinics should be established, as indicated in the following table:—

<i>Place</i>						<i>No. of Sessions per week</i>
Biddulph	...	...	...	...	...	1
Cheadle	...	...	...	...	...	1
Leek ...	...	...	...	...	...	1
Kidsgrove	...	...	...	...	...	1
Talke...	...	...	...	...	...	1
Blackheath	...	...	...	...	...	2
Old Hill	...	...	...	...	...	2
Brierley Hill	...	...	...	...	...	2
Codsall	...	...	...	...	...	2
Mesty Croft, Wednesbury	...	...	...	...	...	2
Albert Street, Wednesbury	...	...	...	...	...	2
Tamworth	...	...	...	...	...	2
Darlaston	...	...	...	...	...	1
						—
						20
						—

By the end of the year two additional physiotherapists had been appointed, one wholetime and one for two sessions per week and the consequent effects are reflected in table 14.

In October owing to reduced needs in the areas, the physiotherapy clinics at Lichfield and Shelfield were closed and the physiotherapist concerned transferred her work and established clinics at Tamworth and Brownhills. New clinics were opened at Codsall, Darlaston and Kingswinford.

The five physiotherapists employed against an establishment of six wholetime staff gave a total, equivalent to the employment of 4·2 wholetime physiotherapists.

It was not possible to open any more clinics during the year because of the general shortage of physiotherapists.

Table 14. Treatment at Remedial Exercises Clinics

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children whose treatment was completed</i>	<i>No. of children discharged</i>	<i>No. of children under treatment 31.12. 61</i>	<i>No. of treatments given</i>
Aldridge ...	44	24	14	10	341
Bilbrook ...	4	2	2	—	205
Bilston ...	25	11	20	10	345
Brownhills ...	10	2	—	8	48
Codsall ...	10	—	—	9	32
Coseley ...	9	6	3	5	160
Darlaston ...	21	—	2	19	70
Kingswinford ...	24	5	—	16	201
Lichfield ...	11	10	8	—	144
Lower Gornal ...	16	1	4	9	88
Rugeley ...	15	7	6	8	194
Sedgley ...	20	10	13	13	424
Shelfield ...	10	11	5	—	119
Short Heath ...	10	1	3	4	44
Stafford ...	94	79	36	25	1068
Tamworth ...	14	3	2	6	36
Tettenhall ...	28	4	10	12	237
Tipton ...	3	19	20	7	396
Tividale ...	4	10	7	11	325
Uttoxeter ...	30	27	8	10	402
Wednesbury ...	9	18	10	14	419
Wednesfield ...	14	1	2	8	81
	425	251	175	204	5,379

One hundred and fifty-seven children were discharged from the clinics because of unsatisfactory attendance. Their homes were visited by the school nurses with a view to persuading parents to agree to the resumption of treatment. Eighteen other children were discharged on removing from the area, lost sight of, etc.

The following table shows the main defects which were being treated at the end of the year.

				<i>Posture</i>	<i>Breathing Exercises</i>	<i>Defects of Legs & feet</i>	<i>Other</i>
Aldridge ...	...	...	...	—	3	7	—
Bilbrook ...	...	...	...	—	—	—	—
Bilston ...	...	...	...	5	2	3	—
Brownhills ...	...	...	...	1	5	2	—
Codsall ...	...	...	...	—	7	2	—
Coseley ...	...	...	...	3	2	—	—
Darlaston ...	...	...	...	8	2	9	—
Kingswinford ...	...	...	...	1	6	7	2
Lichfield ...	...	...	...	—	—	—	—
Lower Gornal ...	...	...	...	6	1	2	—
Rugeley ...	...	...	...	1	2	5	—
Sedgley ...	...	...	...	5	5	3	—
Shelfield ...	...	...	...	—	—	—	—
Short Heath ...	...	...	...	—	3	1	—
Stafford ...	...	...	...	6	9	8	2
Tamworth ...	...	...	...	1	5	—	—
Tettenhall ...	...	...	...	4	2	6	—
Tipton ...	...	...	...	1	3	3	—
Tividale ...	...	...	...	3	6	2	—
Uttoxeter ...	...	...	...	—	3	6	1
Wednesbury ...	...	...	...	4	6	4	—
Wednesfield ...	...	...	...	2	3	3	—
				51	75	73	5

Ear, Nose and Throat

1,962 children were referred for examination at 125 clinic sessions compared with 2,018 in the previous year. 1,572 children were examined by two part-time County Ear, Nose and Throat Consultants and of these 950 were found to have significant defects. (Table 16 gives the analysis of defects found). Out of this number 392 (336 in 1960) were subsequently referred to hospital for treatment. The majority were suffering from enlarged tonsils and/or adenoids or required investigations of sinus infection. Those who needed non-operative treatment were referred to their own doctor.

There were 182 children found to be suffering from some degree of deafness, but in the majority of cases the loss of hearing did not call for education in a special school. Arrangements were made in appropriate cases for the provision of a hearing aid and/or a seat in a favourable position in the front of the class at school.

In addition, 69 children with enlarged tonsils and adenoids, were considered by the School Medical Officers to require treatment and were referred to hospital after notification had been sent to the private practitioner.

A total of 461 children was referred to hospital.

Admissions to Needwood School.

Partially deaf children, potentially suitable for admission to Needwood Special School from Staffordshire and other Local Education Authorities, were examined during the year by the Diagnostic Team which consists of Mr. Paterson, E.N.T. Consultant to Needwood and Mr. Barratt the Headmaster of the school and Dr. Smith the Senior Medical Officer for Schools.

The Team held 3 diagnostic sessions at Needwood School and 7 sessions in Stafford and saw 41 children as a result of which 8 Staffordshire children and 16 children from other areas were recommended for special schooling.

Mr. Paterson made 9 routine visits to advise and supervise treatment of children at Needwood.

Of the more severe cases of deafness, 20 were recommended for admission to special schools—(8 for Needwood, 9 for the

Braidwood Day School in Birmingham, 1 for the Mount School, Stoke-on-Trent and 2 for the Martley Junior School.

3 boys and one girl of pre-school age were referred to the Auditory Diagnostic and Training Clinic established by the Birmingham City Council.

The following tables give details of the work which has been carried out at the various ear, nose and throat clinics during the year.

Table 15. Summary of Statistics relating to Ear, Nose and Throat Clinics 1961

Clinic	No. of Sessions	No. of children referred for examination	No. of children who did not attend	No. of children found to have defects	No. of children referred to Hospital	No. of children not needing treatment or observation
Biddulph ...	1	18	5	7	5	6
Bilston ...	16	261	60	115	46	86
Brewood ...	1	14	4	4	4	6
Brierley Hill ...	11	163	31	77	20	55
Cannock ...	8	139	27	89	49	23
Cheadle ...	1	20	4	9	6	7
Kidsgrove ...	5	86	10	50	20	26
Kingswinford ...	1	12	4	3	2	5
Leek ...	2	39	6	17	6	16
Lichfield ...	5	75	19	46	21	10
Pheasey ...	3	49	11	25	19	13
Rowley Regis ...	6	87	13	38	10	36
Sedgley ...	5	82	20	30	4	32
Shelfield ...	8	132	28	72	35	32
Stafford ...	8	147	37	66	31	44
Tamworth ...	1	20	1	14	10	5
Tettenhall ...	8	102	19	39	16	44
Tipton ...	6	88	24	41	13	23
Uttoxeter ...	5	44	8	20	10	16
Wednesbury ...	13	208	28	108	38	72
Wednesfield ...	9	145	20	65	24	60
Wombourne ...	2	31	11	15	3	5
	125	1,962	390	950	392	622

**Table 16. Analysis of defects found at Ear, Nose and Throat
Consultant Clinics**

			1960	1961
Tonsils and/or adenoids	...	...	259	322
Catarrhal otitis media	...	...	116	130
Chronic otitis media	...	...	82	72
Radical mastoid	...	...	1	1
Healed suppurative otitis media	...	...	22	30
External otitis and aural polypi	...	...	7	18
Congenital deformity of ear	...	...	1	—
Deafness	...	...	132	182
Sinus investigation	...	...	52	85
Rhinitis	...	...	2	3
Epistaxis	...	...	5	3
Wax	...	...	66	37
Speech defect	...	...	4	9
Mouth breather	...	...	5	6
Cleft palate	...	...	2	3
Dental defects	...	...	4	2
Deflected nasal septum	...	...	3	1
Observation	...	...	46	40
Eustachian obstruction	...	...	—	5
Foreign body	...	...	—	1
			809	950

The Peripatetic Teaching Service for Partially Deaf Children

For some time it has been realised that there are a number of children with some degree of deafness, who may or may not have hearing aids, who are not considered to be so severely handicapped as to need admission to a special school, but who nevertheless do require additional help and supervision in the ordinary schools. The Education Committee decided to provide a peripatetic teaching service based at Needwood School for the Partially Deaf. This new service was introduced in Staffordshire in April, 1961 and children were referred to it at the request of the County Ear, Nose and Throat Consultants,

as a result of screening at a diagnostic clinic, or if already known to have a hearing aid.

Initially some 60 children, who were already known, were referred to the peripatetic home tutor for screening and, of course, more children have been referred as the work has progressed. The peripatetic tutor visited children in the local school where the Headmaster and class teacher were also interviewed during the visit. To give an accurate assessment of the possible needs of each child, the following information is required as far as possible:—

Hearing loss for pure tones over 250; 500; 1,000; 2,000 c.p.s.

The date of onset, the type, and the cause of deafness.

The type of hearing aid used, the centre of issue and for servicing and the degree of serviceability at the time of the visit.

How regularly and intelligently the aid was used in school.

The child's location in the classroom.

The class and stream and number of children in the class.

The child's ability to lipread and follow instructions.

An assessment of general health and attendance.

Any comments on home background.

Any behaviour pattern of significance.

The ability of the child to fit happily and confidently into the environment of school and home.

A general assessment of the child's intelligence, reading age and arithmetical age.

The peripatetic teacher administered five attainment tests in reading, vocabulary and mechanical and problematical arithmetic and based on the findings and all other information available, provisional assessment of the child's response to spoken language and noted speech faults was made.

A preliminary analysis has been made of the assistance needed by each child. In doing this the following five cate-

gories relating to the severity of the child's handicap were used:—

- Group 1.* For observation only 14 children.
Requiring 3 sessions per year.
- Group 2.* For auditory and speech training—13.
Requiring 10 sessions per year.
- Group 3.* For more intensive auditory and speech training 13 children.
Requiring 20 sessions per year.
- Group 4.* For remedial teaching 5 children.
Requiring 40 sessions per year.
- Group 5.* For remedial teaching and audiometry and speech training 15 children
Requiring 50 sessions per year.

Having made the initial analysis the service is now divided into the continuing need to assess new cases and the provision of specific educational help according to individual need and in the various groups mentioned.

Audiometric Survey

The Audiometric team continued to test the hearing of children of 6 years of age, i.e. those born in 1955. Children of various ages, who were presented by head teachers because of a suspicion that hearing was defective, continued to be seen.

This is the first complete year in which the examination of children in the six year age group has been undertaken. It was only to be expected that more time to test the children would be required since six year old children are slower to understand the test than eight year old children and so the number of schools visited during the year fell by 54. The results show the increased percentage of children in need of examination by an Ear, Nose and Throat Surgeon and so justifies the decision to examine children in the six year age group in preference to the previous eight year age group.

The County Council, with the co-operation of Newcastle Authority appointed a part time audiometrician to work two sessions per week in the north of the County. Between them it is expected that the whole-time and part time audiometricians will test the hearing of all the children in the six year age group throughout the County, including the Excepted District of Newcastle-under-Lyme.

	<i>No. examined</i>	<i>No. with abnormal hearing</i>	<i>% with abnormal hearing</i>
Absentees in 1960	243	20	8.23 %
Children of 6 years of age...	8,486	770	9.07 %
Children of various ages presented by teachers ...	174	97	55.74 %
	8,903	887	

Number of schools visited ... (1960) 420, (1961) 366

In addition, there has been a re-test of 150 children who it has been considered advisable to keep under supervision. Of these 115 were still found to have a loss of hearing and arrangements will be made for them to be examined by one of the County Ear, Nose and Throat Consultants.

There were 1,045 children absent from school at the time of the audiometrician's visit and arrangements will be made for them to be tested during 1962.

The children found by the audiometrician to have defective hearing, 887 in number, were referred for examination to the County Ear, Nose and Throat Consultants and during the year it was possible to make appointments for 784 of them at the various clinics. 478 of that number were found to require treatment and an analysis of the conditions found are given in table 17.

Table 17. Analysis of Cases of Suspected Deafness referred to County Ear, Nose and Throat Consultants from Audiometric Survey.

<i>Deafness Confirmed</i>					
<i>A. Remediable:</i>					1961
Deafness due to wax...	...	...	...	...	45
Catarrhal deafness following infection	...				21
					66
<i>B. Probably Permanent:</i>					
Congenital malformation of ear	...				2
Deafness due to congenital, nerve and mixed causation (of varying degrees of severity)	...	...	...	...	53
					55
<i>Conditions other than Deafness</i>					
<i>A. Infective:</i>					
Tonsils and/or adenoids	...	...	...	...	118
Catarrhal otitis media	...	...	...	...	84
Chronic otitis media	...	...	...	...	83
Healed suppurative otitis media	...	...	...	...	26
Acute suppurative otitis media	...	...	...	...	8
External otitis and aural polypi	...	...	...	...	4
Radical mastoid	...	...	...	...	2
Sinus infection	...	...	...	...	11
					336
<i>B. Non-Infective:</i>					
Mouth breather	...	...	...	...	3
Speech defects	...	...	...	...	6
Epistaxis	...	...	...	...	2
Rhinitis	...	...	...	...	1
Foreign body	...	...	...	...	2
Injury to ear	...	...	...	...	2
Cleft palate	...	...	...	...	3
Unco-operative	...	...	...	...	2
					21
Grand Total					478

The children in the "Probably Permanent Deafness" group were suffering from defects most of which could be assisted by the provision of a hearing aid. In the group of Infective Conditions, the vast majority can be cured or improved by early medical treatment but, in the absence of this, permanent loss of hearing might develop.

The 45 children with wax in their ears had some degree of deafness which constituted a handicap until the wax was removed.

Child Guidance Clinics

Dr. W. Johnson the Principal Medical Officer for Mental Health has continued seeing a limited number of cases in Lichfield and Stafford, whilst Dr. Pedley Baker, on a part-time basis, has been giving, with the help of an Educational Psychologist, 3 sessions per week at Bilston.

Between them Dr. Johnson and Dr. Pedley Baker saw 269 children at 349 clinic sessions.

During the year two boys and two girls were referred to the Wolverhampton Education Authority for child guidance.

Speech Therapy Clinics

Table 18. Summary of Statistics relating to children attending County and other Clinics during the year

County Clinics	No. of treatments given	No. of children under treatment at 31.12.61	No. of children awaiting treatment at 31.12.61	No. of new cases during the year	No. of children discharged during the year
Aldridge ...	361	11	1	12	8
Bilston ...	984	24	19	44	47
Blackheath ...	45	5	4	15	3
Brownhills ...	306	12	13	18	5
Chadsmoor ...	304	20	23	31	8
Codsall ...	91	13	2	25	6
Darlaston ...	134	8	24	45	4
Kidsgrove ...	167	—	15	13	9
Kingswinford	121	16	32	37	24
Leek ...	436	19	7	23	17
Lichfield ...	386	10	3	26	32
Old Hill ...	62	8	1	12	2
Pheasey ...	202	13	11	29	4
Rising Brook ...	306	14	1	12	5
Rugeley ...	156	6	6	10	13
Sedgley ...	432	25	5	32	23
Shelfield ...	573	31	10	31	24
Short Heath ...	289	9	9	2	12
Stafford ...	875	37	12	70	53
Tamworth ...	249	15	8	36	4
Tettenhall ...	551	17	22	26	26
Tipton ...	314	18	9	38	7
Tivdale ...	85	4	7	30	18
Uttoxeter ...	201	8	4	11	3
Wednesbury	162	6	17	30	3
Wednesfield ...	278	12	—	15	9
Weston Coyney	121	—	11	7	6
Wombourn ...	97	11	—	14	2
	8,288	372	276	694	377

Hospital or Authority	No. of children under treatment at 31.12.61
Birmingham Children's Hospital ...	1
Stoke-on-Trent Education Authority ...	2
Wolverhampton Royal Hospital ...	20
Shropshire Education Authority ...	1
North Staffordshire Royal Infirmary ...	—
Walsall Manor Hospital ...	—
	24

Table 19. Diagnosis of children attending County Speech Therapy Clinics during the year

						1961
Alalia	...	...	...	...	...	2
Cleft palate	...	...	...	...	...	39
Cluttering	...	...	...	...	...	3
Dysarthria	...	...	...	...	...	17
Dysenia	...	...	...	...	...	21
Dyslalia (multiple)	...	...	...	...	...	479
Dyslalia (simple)	...	...	...	...	...	110
Dysphasia	...	...	...	...	...	6
Dysphonia	...	...	...	...	...	14
Dysphonia and dyslalia	...	...	...	...	...	1
Indistinct speech	...	...	...	...	...	10
Nasality (excessive)	...	...	...	...	...	16
Nasality (insufficient)	...	...	...	...	...	1
Retarded speech	...	...	...	...	...	141
Sigmatism	...	...	...	...	...	59
Stammering	...	...	...	...	...	381
Stammering and dyslalia	...	...	...	...	...	58

One speech therapist resigned and two joined the staff so that by the end of the year six speech therapists were working for the County and their time was equivalent to 5·4 full-time therapists.

In consequences of these staff changes the following Clinics were closed during the year:—

Kidsgrove and West Coyney.

The following clinics were newly opened or reopened for approximately six months of the year :—

Darlaston, Pheasey, Tamworth, Tipton, Tividale and Wednesbury, whilst in September clinics were opened at Blackheath, Codsall, Kingswinford, Old Hill and Wombourne.

Ultra Violet Light Clinics

Treatment has been given at the various clinics as shown in the following table. The fall in the number of children referred for treatment continued, the number of cases for the last 3 years being 291, 171 and 152 respectively. There was a proportionate decrease in the number of treatments given viz., 2,432 this year as compared with 2,607 in 1960.

U.V.L. clinics were opened in September at Kidsgrove and Tamworth.

Table 20. No. of children referred to Ultra Violet Light Clinics and the number of treatments
 ULTRA VIOLET LIGHT STATISTICS. 1961

Clinic	Number of Cases Referred					Number of Cases Completed Treatment					Total Number of Treatments				
	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total
ALDRIDGE 	1	—	—	—	1	—	—	1	—	1	10	—	3	—	13
BILSTON 	8	—	8	7	23	6	11	—	2	19	103	56	—	94	253
BLACKHEATH 	8	4	—	10	22	12	7	—	4	23	121	42	—	94	257
CANNOCK 	8	1	1	5	15	5	5	5	3	18	264	219	100	129	712
LICHFIELD 	3	1	—	—	4	—	1	1	—	2	6	18	3	—	27
KIDSGROVE 	—	—	—	5	5	—	—	—	1	1	—	—	—	67	67
ROWLEY REGIS, MACE ST. . . .	6	7	2	11	26	9	3	2	6	20	101	57	14	149	321
PHEASEY 	—	—	—	—	—	—	—	—	—	—	9	—	—	—	9
STAFFORD, LAMMASCOTE RD. . . .	5	1	2	5	13	4	3	—	—	7	52	31	3	38	124
TAMWORTH 	—	—	—	2	2	—	—	—	—	—	—	—	—	17	17
TIPTON 	2	—	—	—	2	4	—	—	2	6	31	—	—	29	60
TIVIDALE 	4	6	2	12	24	5	4	3	3	15	43	53	43	94	233
WEDNESBURY, MESTY CROFT . . .	6	1	1	5	13	10	6	—	15	31	87	36	12	145	280
WILLENHALL 	—	1	—	6	7	—	3	—	7	10	—	6	—	120	126
TOTAL	51	22	16	68	157	55	43	12	43	153	827	518	178	976	2,499

TABLE 21 The following table shows a summary of the cases which have been treated and the improvement in their condition.

CLINIC	"A" No. of children attended	No. of children who gained or lost weight			Change in Nutrition		Change in appetite after treatment			No. of children who did not complete treatment
		Gain	No Change	Loss	Impro'd	No Change	Impro'd	No. Change	Worse	
ALDRIDGE	2	1	—	—	1	—	1	—	—	1
BILSTON	30	20	3	2	19	6	19	6	—	5
BLACKHEATH	34	17	3	—	17	3	20	—	—	14
CANNOCK	19	17	1	—	17	1	18	—	—	1
LICHFIELD	7	2	—	—	2	—	2	—	—	5
KIDSGROVE	12	7	2	—	6	3	6	3	—	3
ROWLEY REGIS, MACE ST. ...	40	12	2	5	18	1	19	—	—	21
PHEASEY	6	—	3	—	—	3	—	3	—	3
STAFFORD, LAMMASCOTE RD. ...	22	6	4	—	5	5	6	3	1	12
TAMWORTH	2	—	—	—	—	—	—	—	—	2
TIPTON	4	2	—	—	2	—	2	—	—	2
TIVIDALE	30	12	—	1	12	1	11	2	—	17
WEDNESBURY, MESTY CROFT ...	20	10	2	—	12	—	11	1	—	8
WILLENHALL	16	8	2	—	9	1	9	1	—	6
TOTAL	244	114	22	8	120	24	124	19	1	100

Table 21 shows a summary of the cases which have been treated and the improvement made in their condition.

Of the 144 children who completed treatment 83 % are considered to have improved in nutrition following the treatment. One cannot rule out the psychological element from these results, but nevertheless the parents are generally enthusiastic as to the benefits derived.

The following analysis shows the conditions from which the children were suffering together with the results of treatment.

					No.	Treatment
					<i>Benefit</i>	<i>Incomplete</i>
Anorexia...	...	...	...	3	—	1
Asthma ...	...	...	...	4	—	3
Acne ...	...	...	...	9	1	4
Alopecia ...	...	...	...	1	—	—
Anaemia ...	...	...	...	1	—	—
Bronchitis ...	...	...	...	11	—	12
Cervical adenitis ...	...	...	...	2	—	1
Chronic T's and A's ...	...	...	...	7	—	5
Catarrh ...	...	...	...	5	1	2
Chronic bronchitis & asthma ...	...	...	...	10	—	6
Chronic respiratory infection ...	...	...	...	8	—	1
Debility following jaundice ...	...	...	...	1	—	—
Debility following mumps ...	...	...	...	1	—	—
Enuresis ...	...	...	...	1	—	—
General debility...	...	...	...	41	2	30
General debility & blepharitis...	...	...	...	—	—	1
General debility & bronchitis ...	...	...	...	1	—	—
General debility and frequent colds ...	...	...	...	6	1	5
Malnutrition ...	...	...	...	1	—	—
Nervous debility ...	...	...	...	5	1	2
Recurrent coughs & colds ...	...	...	...	13	3	23
Recurrent styes ...	...	...	...	2	—	2
Totals ...				133	9	98

Hospital Treatment

(i) *Treatment of Tonsils and Adenoids*

	1960	1961
No. of children referred by School Medical Officers and County ENT Consultants	611	461
No. of children so referred who received operative treatment ...	225	215
Total number of children notified by hospitals who received operative treatment	1,931	1,455
No. of children awaiting treatment	558	462

Full information is not received from all hospitals in regard to treatment of these cases. Hospitals endeavour to co-operate by giving priority to urgent cases, but there is often a substantial period of waiting involved before the operative treatment can be obtained. 96 children had other forms of inpatient treatment and 132 were treated as out-patients in addition to the children who had operative treatment.

(ii) *Orthopaedic Treatment*

	1960	1961
No. of children referred to Hospitals	194	223

(iii) *Orthoptic Treatment*

		<i>No. of children referred to Hospitals</i>	
		1960	1961
Burton-upon-Trent Hospital	... ..	1	12
Corbett Hospital	... ..	26	10
Dudley Guest Hospital	... ..	3	6
Lichfield Victoria Hospital	... ..	35	20
North Staffs. Royal Infirmary...	... ..	89	66
Staffordshire General Infirmary	... ..	66	23
Sutton Coldfield, Good Hope Hospital	...	—	6
Tamworth St. Editha's Hospital	...	5	5

Walsall General Hospital	...	...	6	17
West Bromwich and District General Hospital	...	...	61	83
Wolverhampton Eye Infirmary	...		42	49
			-----	-----
			334	297
			-----	-----

REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

Staff

As in every annual report of recent years, the staffing position remained unsatisfactory and the cause of much anxiety as to the future of the School Dental Service. Although it has been possible to recruit during the year a whole-time Dental Officer for the first time in four years, the majority of the Dental Officers are elderly and some approaching retiring age. One whole-time Dental Officer reached retiring age during the year, but fortunately has continued on a part-time basis. No whole-time Dental Officer resigned, one part-time officer reduced the number of sessions worked and another part-time officer returned to duty after leave of absence during the year.

Ten whole-time Dental Officers (including the Principal School Dental Officer) and nine part-time officers gave the equivalent of 14·6 whole-time officers at the end of the year. This is compared to 13·5 Dental Officers at the previous year's end and shows a slight, though very welcome, improvement. 14·6 Dental Officers are grossly inadequate to treat adequately about 142,000 children attending the County Council's schools so that several areas in the County remain without dental services. The County Council's policy is to provide as wide an emergency coverage as possible with comprehensive dental treatment limited to the number of children for whom the Dental Officer can be responsible, approximately 3,500 to 4,000 children per Dental Officer.

Progress in the training of ancillary workers at the New Cross Hospital, London, has been watched with keen interest. The County Principal School Dental Officer has visited the Hospital School during the year and was very impressed by the

training and standards reached by the students. The County has asked the General Dental Council for the services of two of these ancillaries when the first intake complete their training in 1962 and a provisional reply received suggests that the services of one ancillary may be expected in 1962.

Clinics and Equipment

Towards the end of the year a new combined clinic with a dental suite was completed at Codsall and it is hoped to provide part-time dental services there shortly. With the appointment of a new whole-time Dental Officer, it was possible to equip and open Aldridge Dental Clinic, a much needed improvement in an area previously without any dental facilities for some considerable time.

Owing to staffing deficiencies, the following dental clinics remained closed:—Brownhills, Bentley, Darlaston, Tipton Central, Birch Street Tipton, Coseley, Shelfield, Wednesfield and Lower Gornal. Most of these clinics contain no dental equipment. However, a complete spare set of dental equipment was purchased and stored at Rising Brook Clinic, Stafford pending recruitment of additional Dental Officers.

The arrangement made in 1960, whereby children in Wednesfield schools have been able to receive treatment for pain and sepsis at the Red Hill Street Clinic, Wolverhampton, continued during the year, as it was not possible to obtain the services of a Dental Officer in the Wednesfield area.

The following is a list of Dental Clinics at which treatment has been provided:—

Stafford No. 1	∖	Lammascote	Part-time
Stafford No. 2	∫	Road.	Part-time
Stone	...	...	Whole-time
Leek	...	...	Part-time
Uttoxeter	...	...	Part-time
Rugeley	...	...	Part-time
Lichfield	...	...	Whole-time
Tamworth	...	...	Whole-time
Chadsmoor	...	...	Part-time
Aldridge	...	...	Whole-time and evening sessions.

Short Heath, Willenhall	...	Part-time
Bilston	... ..	Whole-time
Sedgley	... ..	Part-time
Brierley Hill	... ..	Part-time
Tividale	} Rowley Regis	Part-time
Blackheath		Part-time
Mace Street		Part-time
Quarry Bank	... ..	Part-time

Additionally dental services have been provided by the six mobile dental surgeries as under:—

Mobile No. 1.	Cheadle/Biddulph	Whole-time
„ No. 2.	Eccleshall/Weston Coyney	Part-time
„ No. 3.	Sedgley/Gornal	Part-time
„ No. 4.	Finchfield/Wombourn	Part-time
„ No. 5.	Wordsley/Audnam	Part-time
„ No. 6.	Fazeley/Pheasey	Part-time

Progress has been continued during the year in bringing the dental surgery equipment up to date. The following clinics are now completely equipped in a modern and comprehensive manner:—

Aldridge, Tividale and Short Heath.

Equipment was ordered, in some cases delivered, but not yet installed for Brierley Hill, Quarry Bank, Lammascote Road, Stafford, Leek, Chadsmoor, Stone and Uttoxeter. A total of thirteen high-speed airtor drills were provided by the end of the year. X-ray facilities were available at Stafford, Lichfield, Tamworth, Aldridge, Bilston, Tividale and Sedgley.

Inspection and Treatment

The totals of dental inspection and treatment for the year appear on page 65. The number of children routinely inspected at school (27,722) is an increase of 2,200 over the previous year, but still only represents about one fifth of the total school population. There has been a drop in the number, 5,251 as compared with 7,583 in 1960, of casual patients seeking treatment, usually for relief of pain. The total number of fillings, 22,969, shows a commendable increase of 1,235 over the previous year's total. The number of extractions has dropped rather dramatically by 5,475 to this year's total of 17,726, which is

accounted for partly by the decrease in the number of casual patients already referred to and to the decreased number of general anaesthetics administered, which in turn was partially due to the ill health of one of the anaesthetists during the year.

13,696 children were actually treated during the year, a decrease compared with the total 17,648 in 1960 and made 28,529 visits for treatment, i.e. each child made fractionally over two attendances on average. This compares with 1·8 attendances each during 1960 and reflects the fact that conservative treatment is more time consuming than extractions. There is a tendency, which is to be encouraged, for School Dentists to carry out an increased amount of conservative treatment.

Slightly more orthodontic work was carried out in 1961 than during 1960, there being 1,769 attendances compared to 1,708 and 291 appliances fitted compared to 272 in 1960.

Approximately, on average, one tenth of the Dental Officers time was spent carrying out orthodontic treatment.

The number of pupils supplied with artificial dentures dropped to 226, compared to 248 supplied during 1960.

In this respect, the following table showing the types of dentures constructed for school children may be of interest:—

Partial Upper Dentures	1 tooth	72
” ” ”	2 ”	40
” ” ”	3 ”	19
” ” ”	4 ”	29
” ” ”	5 ”	17
” ” ”	6 ”	14
” ” ”	7 ”	3
” ” ”	8 ”	2
” ” ”	9 ”	—
” ” ”	10 ”	3
Full Upper Dentures	All	4
Partial & Full Lower dentures		Nil.

Special Inspections

In order to assess more accurately the extent of dental disease existing in school children in the County, special inspections were arranged to find out the number of D (decayed), M (missing) and F (filled) in 5 year old school entrants and in the 15 year old school leavers. These sample inspections were carried out in widely separated parts of the County, those for the 5 year old children being carried out by the Dental Officers in the areas concerned, whilst the Principal School Dental Officer examined all the 15 year old children in the schools selected. The complete tabular results appear on page 67.

Attention is drawn to the following points. The D.M.F. figures for the 5 year olds refer only to the milk or deciduous teeth. The D.M.F. teeth of 15 year old children refer solely to permanent teeth—the condition of any retained deciduous teeth being ignored for the purposes of this investigation. On average, figures show that the 5 year old Staffordshire child enters school with $5\frac{1}{2}$ teeth that have been affected by dental decay. The 15 year old Staffordshire child leaving school has 9 teeth that have been affected by dental decay. In the 5 year age group boys have slightly worse teeth, 6.11 per child, than girls 5.25 per child. In the 15 year old group, the boys showed a slightly better condition, 9.0 D.M.F. teeth per child compared with 9.38 per child for the girls.

It will be noted that more decay occurs in the upper teeth than in the lower. This may be due to the cleansing effect of the tongue and saliva, certainly the comparative rarity of decayed lower incisors is well known.

These figures reveal very clearly the appalling damage occurring in children's mouths due to dental decay. In effect, for every single child, one tooth decays per year, every year, from the time of eruption of the first milk tooth at six months of age up to the age of fifteen. The size of the problem of treatment of this damage may be more readily visualized in the following way: There are approximately 142,000 school children in Staffordshire—each of these children will average one decayed tooth per year—in other words there will be 142,000 fillings needing to be done each year. 2,750 fillings represents

a fair yearly output for one whole-time Dental Officer and only a simple sum is needed to arrive at the conclusion that 50 Whole-time Dental Officers are needed adequately to care dentally for the Staffordshire school children. This is ignoring completely the dental needs of children under school age and expectant and nursing mothers.

It has not been possible to obtain strictly comparable D.M.F. figures as occurring in other parts of the country. In a booklet "Our Children's Teeth" published by the Department of Health for Scotland 1960, it is stated that the typical Scottish child of 5 years of age entering school has about 7 decayed teeth and that the average 14 year old child nearly 12 decayed teeth. These figures show a worse condition than that obtaining in Staffordshire, but there is no reason to believe that the dental condition of Staffordshire children is significantly different to that existing in other parts of England.

In the existing conditions of a national overall shortage of dental surgeons, this being particularly marked in the school dental service, it is completely unrealistic to hope to be able to recruit up to a total of 50 dental officers in Staffordshire. Even if it were possible, the cost to the Authority would be staggering. The cost involved in repairing the ravages of dental disease is beyond the resources of the country—the only practical policy is to do everything possible to prevent the high incidence of dental disease. Every method should be employed, both in bringing the facts before the public and instructing them in simple dietary rules which would help to stop dental decay occurring to such an extent. The undoubted benefits of water fluoridation should be most carefully considered with a view to implementing such a scheme. Prevention of a great deal of dental decay is undoubtedly possible to achieve and is the only answer to the problem.

General Remarks

The 8th Congress of O.R.C.A.—European organisation for the prevention and reduction of dental caries—held at the Royal College of Surgeons in London from 5th—7th July, was attended by the Principal School Dental Officer. Discussions

and lectures on the latest methods and results of fluoridation proved extremely instructive.

A lecture on the correlation of diet and dental health was given by the Principal School Dental Officer on two occasions during the year to groups of school meals organisers attending refresher courses and appeared to arouse a good deal of interest in the subject.

A short series of lectures and film shows of dental interest were given by the Principal School Dental Officer at Aldridge Grammar School, where a very intelligent interest was taken by the pupils.

There is no doubt that there is the greatest need for enlightening children and parents about the problem of dental decay. Lectures, discussion groups, films and demonstrations must hammer home the need for care in diet by reducing the intake of sweets and other readily fermentable carbohydrates and the importance of correct and thorough tooth brushing. A national campaign, using all methods of mass communication, should be organised to disseminate as widely as possible the few simple rules which, if observed, can reduce dental decay very considerably.

Dental Inspection and Treatment carried out by the Authority
year ended 31st December, 1961

1. Number of pupils inspected by the Authority's
Dental Officers:—

(a) At periodic inspections...	...	...	27,722
(b) As Specials	...	...	5,251
Total (1)	...	...	<u>32,973</u>

2. Number found to require treatment ... *22,964

3. Number offered treatment ... 17,499

4. Number actually treated ... 13,696

5. Number of Attendances made by pupils for
treatment including those recorded at
heading 11 (h) below ... 28,529

6. Half-days devoted to (a) Periodic (School)
Inspection ... 323
(b) Treatment ... 4,358
Total (6) ... 4,681

7. Fillings—(a) Permanent teeth ... 21,945
(b) Temporary teeth ... 1,024
Total (7) ... 22,969

8. Number of teeth filled—
(a) Permanent teeth ... 18,675
(b) Temporary teeth ... 995
Total (8) ... 19,660

9. Extractions—(a) Permanent teeth ... 4,911
(b) Temporary teeth ... 12,815
Total (9) ... 17,726

10. Administration of general anaesthetics for
extractions ... 3,868

11. Orthodontics—

(a)	Cases commenced during the year	...	183
(b)	Cases brought forward from previous year	... ..	110
(c)	Cases completed during the year	...	121
(d)	Cases discontinued during the year	...	21
(e)	Pupils treated with appliances	...	279
(f)	Removable appliances fitted	... ..	287
(g)	Fixed appliances fitted	... ..	2
(h)	Total attendances		1,769

12.	Number of pupils fitted with artificial teeth		226
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13.	Other operations—(a) Permanent teeth	...	4,621
	(b) Temporary teeth	...	1,220
	Total (13)		<u>5,841</u>

* The difference between the number of children found to require treatment (heading 2) and the number referred for treatment (heading 3) represents the extent to which dental officers concentrate on the more pressing forms of treatment. For example, carious temporary teeth are not referred for consideration, except for special reasons, particularly where they are shortly to be shed. Children who have persistently refused offers of treatment in the past and children who have clear evidence of receiving treatment from a general dental practitioner are similarly not referred.

Dental Inspection of School Entrants (age 5 years)—Winter Term, 1961

Boys

Area	No. Inspected	Lower Jaw			Lower Jaw Total DMF	Upper Jaw			Upper Jaw Total DMF	Total DMF Upper & Lower Jaws)
		Decayed	Missing	Filled		Decayed	Missing	Filled		
St. Martin's Infants, Bilston	27	60	9	—	69	67	—	—	67	136
Chadsmead Infants, Lichfield	44	80	46	11	137	133	23	7	163	300
Hawbush Road Infants, Brierley Hill	47	129	16	—	145	142	3	—	145	290
Springfield Knowle Infants, Rowley										
Regis	26	45	24	—	69	70	17	—	87	156
Cheadle C.P. Infants, Cheadle	25	72	15	1	88	75	5	—	80	168
Totals:	169	386	110	12	508	487	48	7	542	1,050

Girls

St. Martin's Infants, Bilston	30	75	7	—	82	69	7	—	76	158
Chadsmead Infants, Lichfield	38	66	37	9	112	96	27	15	138	250
Hawbush Road Infants, Brierley Hill	56	134	17	—	151	100	4	—	104	255
Springfield Knowle Infants, Rowley										
Regis	21	32	13	2	47	37	3	3	43	90
Cheadle C.P. Infants, Cheadle	21	45	14	2	61	56	1	—	57	118
Totals:	166	352	88	13	453	358	42	18	418	871

Boys

Area	Lower Jaw				Upper Jaw				In both Jaws				Total DMF per child
	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth		
Bilston	2.2	0.33	0.0	2.5	2.48	0.0	0.0	2.48	4.68	0.33	0.0	5.01	
Lichfield...	1.8	1.04	0.25	3.11	3.02	0.52	0.15	3.7	4.82	1.56	0.40	6.81	
Brierley Hill	2.7	0.34	0.0	3.08	3.02	0.06	0.0	3.08	5.72	0.4	0.0	6.12	
Rowley Regis	1.7	0.92	0.0	2.6	2.6	0.65	0.0	3.3	4.3	1.57	0.0	6.0	
Cheadle ...	2.8	0.6	0.04	3.52	3.0	0.2	0.0	3.2	5.8	0.8	0.04	6.64	
Average for all Areas	2.24	0.64	0.05	2.96	2.82	0.28	0.03	3.15	5.06	0.9	0.08	6.11	

Girls

Area	Lower Jaw				Upper Jaw				In both Jaws				Total DMF per child
	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	
Bilston	2.5	0.23	0.0	2.73	2.3	0.23	0.0	2.53	4.8	0.46	0.0	5.26	
Lichfield...	1.73	0.99	0.23	2.9	2.52	0.71	0.39	3.6	4.25	1.70	0.62	6.57	
Brierley Hill	2.39	0.3	0.0	2.69	1.78	0.07	0.0	1.85	4.17	0.37	0.0	4.57	
Rowley Regis	1.52	0.6	0.09	2.23	1.78	0.1	0.1	2.04	3.3	0.7	0.19	4.28	
Cheadle ...	2.14	0.66	0.09	2.9	2.66	0.04	0.0	2.71	4.8	0.7	0.09	5.61	
Average for all Areas	2.05	0.55	0.08	2.69	2.2	0.25	0.09	2.54	4.28	0.78	0.18	5.25	
Average for both sexes	2.14	0.59	0.06	2.82	2.51	0.26	0.06	2.86	4.67	0.84	0.13	5.68	

Dental Inspection of School Leavers (age 15 years)—Summer Term, 1961

Boys

Area	No. Inspected	Lower Jaw			Lower Jaw Total DMF	Upper Jaw			Upper Jaw Total DMF	Total DMF Upper & Lower Jaws)
		Decayed	Missing	Filled		Decayed	Missing	Filled		
Moorside C.S. School, Werrington, Stoke-on-Trent	34	70	43	22	135	76	40	35	151	286
Mercian C.S. School, Tamworth	26	57	33	17	107	83	24	22	129	236
Rising Brook C.S. School, Stafford	35	69	50	45	164	103	44	58	205	369
Macefields C.S. School, Rowley Regis	20	26	23	26	75	37	23	37	97	172
Short Heath C.S. School, Willenhall	27	47	27	31	105	52	28	31	111	216
Totals: ...	142	269	176	141	586	351	159	183	693	1,279

Girls

Moorside C.S. School, Werrington, Stoke-on-Trent	22	30	30	33	93	43	39	49	131	224
Perrycrofts C.S. School, Tamworth	33	67	42	21	130	95	36	39	171	301
Rising Brook C.S. School, Stafford	30	53	23	44	120	65	25	47	138	258
Macefields C.S. School, Rowley Regis	29	41	46	29	116	81	38	51	170	286
Short Heath C.S. School, Willenhall	23	28	23	40	91	38	18	46	102	193
Totals: ...	137	219	164	167	550	324	156	232	712	1,262

Boys

Area	Lower Jaw				Upper Jaw			In both Jaws			Total DMF per child	
	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth	No. of Filled Teeth	Total D.M.F.	No. of Decayed Teeth	No. of Missing Teeth		No. of Filled Teeth
Werrington	2.05	1.26	0.64	3.99	2.23	1.17	1.02	4.44	4.28	2.43	1.66	8.43
Tamworth	2.18	1.26	0.65	4.11	3.19	0.92	0.84	4.95	5.37	2.18	1.49	9.06
Stafford	1.97	1.43	1.29	4.69	2.94	1.25	1.65	5.84	4.91	2.68	2.94	10.51
Rowley Regis	1.3	1.15	1.3	3.75	1.85	1.15	1.85	4.85	3.15	2.3	3.15	8.60
Willenhall	1.74	1.0	1.15	3.89	1.93	1.03	1.15	4.11	3.67	2.03	2.3	8.0
Average for all Areas	1.85	1.22	0.99	4.44	2.46	1.12	1.29	4.87	4.31	2.34	2.28	9.0

Girls

Werrington	1.36	1.36	1.5	4.22	1.95	1.77	2.22	5.94	3.31	3.13	3.72	10.16
Tamworth	2.03	1.27	0.63	3.93	2.9	1.09	1.18	5.17	4.93	2.36	1.81	9.1
Stafford	1.76	0.76	1.46	4.0	2.2	0.83	1.56	4.60	3.96	1.59	3.02	8.6
Rowley Regis	1.41	1.58	1.0	4.0	2.78	1.31	1.76	5.85	4.19	2.89	2.76	9.85
Willenhall	1.21	1.0	1.74	3.95	1.65	0.78	2.0	4.43	2.86	1.78	3.74	8.37
Average for all Areas	1.59	1.19	1.22	4.01	2.36	1.14	1.69	5.2	3.95	2.33	2.91	9.38
Average of both sexes	1.72	1.2	1.10	4.22	2.41	1.13	1.49	5.03	4.13	2.33	2.59	9.19

INFECTIOUS DISEASES

The number of cases of infectious diseases in schools notified by Head Teachers totalled 14,388 in 1961 which was a small increase on the 13,427 notified in the previous year. This apparently constant figure contains, however, 7,326 cases of measles—five times as many cases as in the previous year and indeed the largest number of cases recorded in any single year. This experience of epidemic measles in the spring was experienced throughout the country and was in no way peculiar to Staffordshire. The condition was in general mild but once again emphasised the need for some type of prophylactic. In recent months there have been encouraging reports of trials with measles vaccines and it is to be hoped that when these have been developed to produce substantial immunity without harmful side effects, then epidemics such as this will disappear as have major outbreaks of diphtheria and typhoid fever.

The other conditions which apparently increased in frequency this year were principally virus diseases, in particular those usually spread by aerial droplets from person to person—viz: Rubella and Influenza.

The number of cases of Rubella was the largest recorded since 1952 but the condition was usually very mild. Although there is a school of thought which considers it desirable that girls should have the infection before leaving school to avoid more serious consequences in later life, occasional cases with serious complications are found even in childhood.

Another condition of childhood which may have complications if contracted in adult life is mumps and in this instance the number of cases notified in the year fell very substantially from 5,405 in 1960 to 1,839 in 1961.

It is most gratifying to be able to record this year a very low incidence of whooping cough. The number of cases notified annually has varied in the last decade between 342 and 1,425 so that this year's figure of 259 for the County gives

grounds for belief that the steadily increasing proportion of children immunised against this condition is at last being reflected in the declining incidence.

Another very welcome feature of the year was a fall in incidence in the conditions spread by contaminated food, i.e. food poisoning, dysentery, diarrhoea, vomiting, enteritis and hepatitis. This may have been due in part to meteorological conditions and a rather cool summer which did not favour the multiplication of organisms outside the body but, nevertheless, the trend is a welcome one which we hope will be maintained by the continually improving standards of kitchen hygiene throughout the School Meals Service.

The incidence of skin infections such as impetigo and ringworm has now fallen to a low level. Each case is followed up by the local school nurse to ensure that no spread has occurred among the class contacts or in the family.

Only 13 cases of verrucae (usually plantar) were notified in 1961. This is a very small figure but is likely to be exceeded in 1962 with the facilities for treatment by the County Chiropodists now being made available to children at school.

TABLE 22. Number of suspected cases of Infectious Diseases notified by Head Teachers, 1961

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet Fever	21	25	14	8	23	23	12	—	8	26	44	38	242
Diphtheria ...	—	1	—	—	—	—	—	—	—	—	—	—	1
Measles ...	425	1334	2264	300	1775	906	263	—	22	10	9	18	7326
Rubella ...	8	29	158	25	176	444	242	—	16	54	42	195	1389
Mumps ...	215	341	590	50	311	101	149	—	10	23	22	27	1839
Whooping Cough	34	37	32	18	39	35	10	—	10	18	13	13	259
Chicken Pox	181	321	221	24	155	478	179	—	42	135	299	430	2,465
Influenza ...	288	56	1	—	—	1	—	—	—	—	—	18	364
Dysentery ...	—	—	—	—	—	24	12	—	—	—	—	—	36
Diarrhoea and Sickness	—	—	4	—	—	—	—	—	—	—	—	—	4
Vomiting (Epidemic)	—	—	—	—	—	—	—	—	—	24	—	—	24
Enteritis ...	—	1	—	—	1	—	—	—	—	—	—	1	3
Hepatitis ...	23	59	41	36	72	50	11	—	—	27	20	12	351
Tonsillitis	7	—	—	—	1	2	11	—	—	1	1	1	24
Sore Throat	—	—	—	—	—	—	—	—	—	—	—	—	1
Glandular Fever	1	1	—	—	—	1	—	—	—	—	—	1	3
Impetigo ...	1	2	4	—	—	—	1	—	—	1	2	2	14
Ringworm	—	—	—	—	—	—	—	—	—	—	1	1	2
Scabies ...	—	4	3	—	2	1	—	—	—	—	2	—	12
Conjunctivitis	4	3	2	—	—	3	—	—	—	1	—	—	13
Verrucae ...	10	—	3	—	—	—	—	—	—	—	—	—	13
Poliomyelitis	—	—	—	—	—	—	—	—	—	3	—	—	3
Totals	1,218	2,214	3,337	461	2,555	2,069	890	—	108	323	456	757	14,388

Vaccination

Table 23. No. of children found to have been vaccinated when examined at the periodical medical inspection

<i>Age Group</i>	<i>No. examined</i>	<i>No. vaccinated</i>	<i>No. unvaccinated</i>	<i>Percentage unvaccinated</i>	
				1960	1961
Entrants	13,013	3,779	9,234	78·62	70·95
2nd Age Group ...	9,041	2,204	6,837	78·52	75·62
3rd Age Group ...	10,811	3,538	7,273	67·12	67·27
Other Periodic Inspections ...	3,927	1,017	2,910	77·32	74·10
Totals	36,792	10,538	26,254	75·42	71·36

Sustained efforts are made to persuade parents to take their children for vaccination by general practitioners and the advice now being given is that vaccination is best given about the first birthday with revaccination between the 8th and 11th year of life.

Diphtheria Immunisation

Table 24. No. of children (5-14 years) immunised during the year:—

			1960	1961
Complete immunisation	...	...	6,015	5,591
Re-inforcement doses	...	...	25,583	21,362
			31,598	26,953

One case of diphtheria was reported in the County during the year. Of the other two children in the family one was found to be a carrier and the other child did not catch the disease.

Parents were offered immunisation of their children against diphtheria on entering school if previously unprotected, and reinforcement doses at eight to ten years.

Tuberculosis

Table 25. Summary of Reports received from Chest Physicians

Number of children (aged 5–15 years) on Dispensary registers at the end of 1960							309
Number of new cases during the year							47
Becoming 5 years old							4
Number of deaths							—
Number discharged having left the district							2
Number discharged having recovered							28
Number becoming 15 years old							23
Number of children on registers at end of the year 1961							299
Summary of cases undergoing treatment at the end of the year 1961:—							
Pulmonary (including pleura and intrathoracic glands)							218
Non-Pulmonary—							
Bones and joints							6
Glands							26
Abdomen							2
Skin							—
Miscellaneous							4
Analysis of Treatment:—							
Pulmonary—							
In Sanatoria							12
At home							175
Dispensary supervision							32
Non-Pulmonary—							
In Orthopaedic Hospitals							—
In other hospitals							1
At home							36
Dispensary supervision							2
Cases under observation:—							
Number of suspected cases at the end of the year 1961							53
Number of cases found to be non-tuberculous during the year							529

One special investigation was carried out during the year. Following admission to hospital with a suspected appendicitis a teacher was found to be suffering from tuberculous meningitis. Although the Chest Physician found nothing to suggest an open lung lesion it was considered advisable for the family and teaching staff contacts, who had not recently been X-rayed, to revisit a mass radiography unit. Twenty two teachers and the school secretary attended and no abnormalities were found. On the advice of the Chest Physician the school children were not X-rayed.

The Mass Radiography Service was in the Tamworth area in May and 4 schools co-operated by referring 171 teachers, cooks, caretakers, cleaners, clerks etc., and 1,508 children.

Nine children were subsequently referred to Chest Clinics and results showed only one child had an active primary tuberculosis and one child had a healed lesion. One child had bronchitis, one bronchiectasis and one an inflammatory lesion and four had no abnormalities. Appropriate action was taken in each case.

Tuberculin Testing

The scheme for tuberculin testing of "entrants" in infant schools at Bilston, Coseley, Tipton, Rowley Regis, Brierley Hill, Wednesbury and Tettenhall areas has continued throughout the year.

The following figures show the number of children tested and the subsequent results :—

			1960	1961
No. of children tested	...	...	1,989	4,012
No. of positive reactors	...	...	29	27
No. of cases referred for x-ray	...	...	10	22

In view of the recommendation of the Adrian Committee, children up to the age of 15 who showed a positive reaction were referred to the appropriate Chest Clinic. Only contacts over 15 years of age continued to be referred to Mass Radiography Units.

The private doctors concerned were informed of the names and addresses of the children so referred. No child or family contact was found to be suffering from pulmonary tuberculosis,

HEALTH EDUCATION

The establishment of a Health Education Section comprised of a Health Education Officer, a Senior Health Visitor and a Clerical Assistant, was approved in March and on the 1st September Mr. William Duffy, B.Sc., assumed duty as Health Education Officer.

Since then schools have been asked to dovetail health education into the general school curriculum and with very satisfactory results. Arrangements have been made with the Head Teachers of the schools interested to commence lectures on various aspects of health during 1962.

Propaganda pamphlets and leaflets were again distributed to Head Teachers and the medical and nursing staff keep supplies of leaflets to hand to parents and children, when considered necessary, during the course of medical inspection at the schools. A library of filmstrips and other visual aids has been formed to enable Health Department staff to give illustrated talks to interested groups.

A letter is sent to the parents of each school entrant giving a brief outline of the facilities provided by the School Health Service and a leaflet in humorous style, pointing out some of the elementary rules of health, is distributed to each school leaver.

PART V—GENERAL HEALTH

Table 26. Classification of the Physical Condition of Pupils inspected during the year at periodical medical inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1957 and later	612	612	100	—	—
1956	7,270	7,224	99·37	46	0·63
1955	5,131	5,103	99·45	28	0·55
1954	717	715	99·72	2	0·28
1953	277	275	99·28	2	0·72
1952	254	253	99·61	1	0·39
1951	3,510	3,494	99·54	16	0·46
1950	5,531	5,507	99·57	24	0·43
1949	2,360	2,354	99·75	6	0·25
1948	319	317	99·37	2	0·63
1947	2,476	2,470	99·76	6	0·24
1946 and earlier	8,335	8,312	99·72	23	0·28
	36,792	36,636	99·58	156	0·42

This year the number of children classified at Routine Medical Inspections as being in an unsatisfactory state of health, increased to 156 or 0·42%. The lowest figure of this nature ever recorded was 23 in 1959 or 0·07%, whilst the corresponding figure for 1960 was 114 pupils or 0·29%. A classification of this nature is naturally subject to the opinions of the individual medical officers but the trend throughout the County is, in general, satisfactory.

General Health and Obesity

Some of the comments made by School Medical Officers arising out of routine medical inspections in schools are given below.

“With regard to obesity, at one junior school where the sale of biscuits, ice creams, etc., has been abolished there was a noticeable decrease in the number of fat children, but at another junior school where long queues form every playtime to purchase large packets of potato

puffs, etc., the number of fat and grossly fat children was very marked and appeared to be on the increase. Overall the incidence of obesity is still high although on the whole it does not at present appear to be increasing”.

“Out of 13 schools 2,183 pupils 65 were found to be over weight and some of these only slightly so, i.e. 287.”

“There certainly seems to be a growing awareness among parents, of the dangers of obesity. I think they are more willing to entertain the thought of dieting their children than they were a few years ago. There are still, of course, the children who belong to families who are “all fat” and one wonders if there is any chance of changing the faulty eating habits of years.”

“Parents may consider the condition to be undesirable, but do not appreciate that the condition might be of serious import in the long term.”

Table 27. Milk in Schools Scheme

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools supplied</i>	<i>No. of Pupils</i>
<i>Maintained Schools:</i>			
Pasteurised ...	41	626	105,945
Tuberculin Tested	6	27	1,877
	47	653	107,822
<i>Non-Maintained Schools:</i>			
Pasteurised ...	14	33	3,384
Tuberculin Tested	1	3	302
	15	36	3,686

There has been a decrease of 5,694 children taking milk in maintained schools but 7 fewer schools were supplied as compared with 1960.

The number of non-maintained schools supplied remained the same as the previous year whilst the number of children taking milk decreased by 425.

Table 28. Milk for Handicapped Pupils unable to attend school

	1960	1961
No. of old applications renewed ...	35	41
No. of new applications granted ...	20	24
No. of children who ceased to ...		
receive milk during the year ...	13	14

SCHOOL MEALS

The Director of Education has kindly supplied the information regarding School Meals and Physical Education.

During 1961 there has been a striking increase in the number of school meal kitchens and also in the demand for school meals.

Thirty-seven new kitchens were opened and the daily average number of meals increased by almost 6,000 per day between October, 1960 and October, 1961.

Details with regard to new kitchens are given below:—

New Kitchens in New Schools

County Area

Kidsgrove, Coalpit County Primary School
 Lichfield, Chadsmead County Primary School
 Rugeley, Brereton C.P. J.M. & I. School
 Biddulph Grammar/Technical School
 Seisdon, Wrottesley, Claregate C.P. School.

Cannock Chase Division

Cannock, Calving Hill County Secondary School
 Brownhills, Shelfield, Mob Lane County Secondary School
 Brownhills, Shire Oak Grammar School
 Streetly, Red House County Primary School.

South East Division

Bilston, Bradley County Primary School
 Willenhall, Venerable Francis Leveson R.C. Secondary School
 Wednesfield, Corpus Christi R.C. Primary School.

South West Division

Rowley Regis, Grace Mary County Primary School
Sedgley, High Arcal Grammar/Technical School.

New Kitchens in Existing Schools or Replacement Schools

County Area

Shareshill, The Havergal C.E. School
Tamworth, The McGregor County Primary School
Branston, Rykneld County Primary School
Harlaston, St. Matthew's C.E.(C) School
Edingale C.E. School
Marchington Woodlands C.E.(C) School
Hamstall Ridware County Primary School
Oakamoor, The Valley County Primary School
Wigginton, St. Leonard's C.E. School
Farewell & Chorley, The Fair Ley C.P. School
Tamworth, Bolehall Park, Castle Nursery School
Featherstone, The Whitgreave County Primary
School
Eccleshall, Offley Hay, Holy Trinity C.E.(C) School

Cannock Chase Division

Brownhills, Watling Street County Primary School
Brownhills, Ogley Hay County Secondary School
Burntwood County Primary School
Cannock, Walhouse County Primary School
Cannock, Hednesford, West Hill County Primary
School

South East Division

Wednesfield, Wood End County Primary School
Bilston, Ettingshall County Primary School.

South West

Tipton, Princes End County Primary School
Brierley Hill, Pensnett County Secondary School
Brierley Hill, Audnam County Secondary School.

Schools provided with new sculleries

There are still a few schools where washing-up arrangements are unsatisfactory and where new composite projects are awaited and there are a number of schools where washing-up is returned to the parent kitchen because there are no suitable washing up facilities on site.

Extension of School Meals Facilities to Schools for which there was no previous provision

School meals have been extended to fourteen schools where there has been no previous provision. In the main these are small rural schools where the majority of the children are unable to return home at mid-day.

Staffing

It has now become the accepted practice for newly appointed Cooks in Charge and Supervisors to take a training course before taking up an appointment. The permanent training kitchen in Stafford has been used fully throughout the year for this purpose and an additional course has also been held in the South West Division at Pensnett County Secondary School and in Cannock Chase Division at Cannock, Calving Hill County Secondary School.

The rapid expansion of the service together with the opening of kitchens in thinly populated areas has meant that a number of people have been appointed to senior posts without previous catering experience. In these cases a training course has been indispensable.

Courses for other members of staff have been restricted owing to pressure for places for Supervisors and Cooks in Charge. Two courses for Assistant Cooks have been held, however, during the year; one at Leek County Secondary Modern Girls' School and one in the South West Division at Glynne County Primary School.

Refresher courses during the school holidays were held at Streetly County Secondary School (Cannock Chase Division) at Easter and at Leek Milner Girls' School during the summer holidays.

Number of Meals Provided

Statistics, relating to the number of meals served in September/October 1960 and 1961 together with information regarding the number of kitchens are given below—

County Administrative Area (Excluding Newcastle E.D.)

	1960	1961
Total Number of Children Present	127,984	130,787
Total Number of Meals Served to Children	56,411	62,026
Adults and Children (daily average Summer Term)	57,950	62,787
*Total Number of Schools	640	647
Schools not taking School Meals (included in line above)	31	16
Number of Kitchens	241	271

*Hospital Special Schools, Technical & Further Educational Establishments are not included in this figure.

The Education Committee regards the progress made during the year with a certain amount of satisfaction but regrets that there are no positive plans at present for the closing of further central kitchens. However, as the building programme for the County advances their closure will inevitably follow. In the meantime the many beautiful new kitchens which have been opened have done much to inspire the staff to give to teachers and children a high standard of service.

PHYSICAL EDUCATION

Throughout the year schools have provided regular exercise in different forms and degrees according to the facilities available.

Infant and Primary schools all have some form of climbing frames and it is apparent that daily exercise on these and on other forms of apparatus is having a beneficial effect on the posture and physique of the children. Particularly is this evident in schools having halls equipped with apparatus which can be used all the year round. Equally important are the activities on playing fields. These not only provide exhilarating exercise in the open air, but lay the foundations of physical skills associated with the major games played later in school and adult life. Dancing and swimming are also included in the work at certain primary schools.

The normal allocation of time for physical education in primary schools is 30 minutes each day. This allows time to remove surplus clothing and change into plimsolls in readiness for exercise.

In the stage of rapid growth and development of children in secondary schools there is a demand for varied physical activities to suit the individuals and this has resulted in the inclusion of a wide range of subjects in the schools' physical education programmes. These include gymnastics, swimming, games, athletics, soccer, rugby, hockey, tennis, cricket, basketball, netball, boxing, trampolining, dancing, fencing, weight training, hiking, canoeing, rock climbing and sailing.

There is still an urgent need for more qualified staff.

Residential courses were held at Blackpool under the auspices of the North West Counties Physical Education Association and at the Chasewater Sailing Centre. There was a total attendance of 36.

Local courses in Educational Gymnastics were held at Stafford and Leek and 94 teachers were enrolled.

Three lecture demonstrations were arranged in conjunction with the Amateur Swimming Association at Stafford, Wednesfield and Newcastle baths on the different aspects of the teaching of swimming and 109 teachers were present.

New school swimming baths were brought into use during the year at Calving Hill Secondary School, Cannock, and Rising Brook Secondary School, Stafford. The latter is an open air pool and the cost of its provision was shared by the Parent Teachers Association and the Authority. Swimming instruction during the summer for secondary and primary schools generally was arranged at 29 public baths, including the new one at Brierley Hill. Sixteen of these baths remained open during the winter and full use was made of them. The weekly number of classes in public baths was 728 in the summer and 315 in the winter. In all these 4,046 children learned to swim and 9,600 gained County awards. A record number of 701 awards of the Royal Life Saving Society were gained and this, in some measure, reflects the advantages of the school bath.

At the six schools with their own baths every class has at least one swimming lesson each week.

		<i>Number of</i>	
		<i>Weekly</i>	<i>% of</i>
<i>Covered Baths</i>		<i>Periods</i>	<i>Swimmers</i>
Aldridge Grammar School	....	38	90%
Brierley Hill Grammar School	....	40	80—90%
Wednesfield Grammar School	....	33	80—90%
Rowley Regis Secondary School	....	35	
(out of use since Sep. 61)			
Calving Hill Secondary School,			
Cannock	....	40	80—90%
Ounsdale School, Wombourn	....	38	90%
<i>Open Air Baths</i>			
Rising Brook Secondary School.			
Standon Bowers E.S.N. School.			

Clothing and approximately 18,000 pairs of plimsolls were supplied on loan to all children who required them.

New fully equipped gymnasia have been opened at Cannock, Endon, Biddulph, Shelfield, Brownhills, and Willenhall Secondary Schools and school halls have been equipped with fixed and portable apparatus at 24 primary schools.

Athletics continue to be a very popular summer activity in boys and girls schools. All areas were well represented at the County Championships and in the National Championships at Chesterfield. John Wooton from Littleworth Secondary School, Hednesford, became Junior Schoolboy Javelin Throwing Champion of England.

There was continued interest in camping and allied activities throughout the County and the seven camps were booked to capacity with a total attendance of 3,133 boys and girls during the summer term. In August special camps for boys were held at Falmouth for helmsmen, on the River Wye for canoeists and at Bryn Crug and Capel Curig for lightweight campers and climbers.

Adventure Courses at Cotwalton for girls and at Coven for boys were held during the Autumn Term with a total attendance of 344.

The permanent buildings at Chasewater were completed and these will enable sailing courses to be continued for a longer period in the year. A Staffordshire Schools' Sailing Association has been formed and this organisation, composed of schoolboys who have qualified as helmsmen at the sailing courses, will supervise sailing during the season at weekends and during the evenings.

During the year 74 children have been treated by qualified teachers of Physical Education in schools, for postural or other physical defects.

Tribute is paid to Headmasters and staffs of schools for devoted work not only during school hours but at other times, particularly in the supervision of games and the wider, outdoor activities.

Children Neglected or Ill-treated in their own Homes

The Local Committees which were set up in accordance with the provisions of the Joint Circular of the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of Education are continuing to carry out valuable work in regard to these children and during the year eighteen cases were referred to the Local Co-ordinating Officers. The Area Co-ordinating Committees considered 382 cases during the year.

PART VI—UNCLEANLINESS

Table 29. Infestation with Vermin

(i)	Total number of individual examinations in the Schools by the School Nurses or other authorised persons ...	339,981
(ii)	Total number of individual children examined	108,118
(iii)	Total number of individual pupils found to be infested	4,676
(iv)	Number of individual pupils in respect of whom cleansing notices were issued. (Sect. 54(2) Education Act, 1944) ...	16
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3) Education Act, 1944) ...	5

Table 30. Analysis of Infestation

		<i>Head</i>			
		<i>Body</i>	<i>Clothing</i>	<i>Lice</i>	<i>Nits</i>
No. of children ...	...	—	3	596	6,458

The number of Sacker Combs sold to parents during the year was 298 compared with 200 in 1960.

The percentage of children found infected at hygiene examinations continued to show some diminution as compared with last year. Infestation is mainly limited to a 'core of problem families' and these persistent offenders do not realise that there is something of which to be ashamed. Laziness, apathy and ignorance are the primary causes excluding general indifference to personal hygiene. An attempt is being made to improve the position by a more liberal issue of medicated shampoos. The real problem in these cases is that adults as well as children are infected and the help of the local Medical Officers of Health is sought for the supervision of the families. Most of the parents concerned were grateful for this service and regular follow up inspections are made of the children known to have been previously infested.

Enuresis Alarms

Towards the end of 1957 it was decided to provide a number of nocturnal enuresis alarms under the nursing comfort provisions of Section 28 of the National Health Service Act, 1946 and since then there has been a regular demand for them. A report is also included in the annual report of the County Medical Officer of Health, but a brief summary of results is appended in respect of the children of school age who received the treatment during 1961:—

Table 31.

No. of alarms in use as at 31st Dec. ...	104		
No. of alarms being repaired ...	10		
		<i>Boys</i>	<i>Girls</i>
Waiting list at 31st December ...	99	57	
No. of children cured in 1961 ...	15	9	
No. of children improved in 1961 ...	85	37	
No. of children relapsed after treatment and then cured	6	2	
No. of children relapsed after treatment but much improved	7	4	

No. of children relapsed after treatment and awaiting further trial					Boys	Girls
...	...	...	...	...	7	2
<i>Failures</i>						
Too nervous	...	...	...	...	3	1
Heavy sleeper	...	...	...	...	4	2
Unco-operative mother	...	...	...	...	4	2

The proportion of cases assisted by this device gives grounds for satisfaction, for treatment in the past has often proved prolonged and difficult.

Three special schools, Basford Hall, Needwood and Standon Bowers, have alarms and excellent results have been reported.

From the start it has been routine procedure to follow up cases six months after the trial period with an alarm ended. During 1961, however, it was decided to review the condition of children, who have had treatment, at two intervals of six months. Because the criterion of cure is now 12 months free from relapse, figures above show only 24 children cured whilst 122 improved.

PART VII—HYGIENE

Table 32. Inspection of School Premises

No. of schools inspected	...	...	...	664
No. of school premises reported as having various defects	...	...	...	188
No. of school premises where defects have been rectified	...	...	...	22

The School Medical Officers continued to carry out an annual inspection of school premises and defects were notified to the Director of Education.

More schools were visited this year than last and the number of defects in school premises reported fell by 82 as compared with last year.

The Education Committee has approved a comprehensive scheme for bringing the hygienic conditions of the schools to a modern standard and improvements are steadily being effected.

Many schools are still over crowded, even many of the new schools, where the medical room has to be used for teaching purposes and medical inspections have to be carried out in unsatisfactory circumstances.

Head Teachers are very co-operative in providing accommodation whenever possible in the schools, but at times it is necessary to arrange for medical inspections to be carried out on premises away from the school.

The liberal use of paint and imaginative schemes of decoration have greatly brightened many of the older schools making them appear lighter, cleaner and more attractive.

Improved hygienic arrangements for handwashing and drying have been arranged in many schools—and the use of paper towels is becoming more widespread.

Testing of Building Materials for Radioactivity

At the suggestion of the Ministry of Education an investigation was carried out into the radioactive content of building tiles. At one time it was customary practice to colour certain green or yellow wall tiles with uranium compounds which possess a small amount of natural radioactivity. This type of tile has now been out of production for over 15 years. Tests were carried out at 4 establishments which included a hostel, a childrens nursery and 2 clinics.

It was found at three of these establishments that there was a 25% increase of Beta activity at the surface of the tiles. The activity of such particles, however, falls off very rapidly with distance from the tiles so that the Radiological Protection Service who examined the findings have confirmed that there is no appreciable hazard even for a child sleeping next to such a tiled wall.

SCHOOL WATER SUPPLIES

The County Health Inspectors continued to take samples of water supplies at schools and school canteens during the year. One hundred and sixty samples were taken of which 24 were found to be unsatisfactory. Of the 24 unsatisfactory samples, 12 were as actually used for drinking purposes and appropriate action was taken in each case.

Five schools were connected to mains supplies during the year. At two other schools main supplies were available but the schools had not been connected at the end of the year. A new bore sunk to provide water to a rural school has so far been unsatisfactory due to the presence of excess iron in the water and this school is at present without a satisfactory water supply.

The use of chlorine based sterilising tablets has continued successfully, 20 schools using the tablets at the year end. Covered containers fitted with taps are now provided at each of these schools for use with the treated water.

Table 33

(a)	No. of schools at which samples were taken	...	...	55
(b)	No. of samples collected:—			
	(i) for bacteriological examination	...	...	152
	(ii) for chemical examination	...	...	8
(c)	Result of examination:			
	(i) Bacteriological. Satisfactory	...	132	
		Unsatisfactory	20	
			—	152
	(ii) Chemical. Satisfactory	...	4	
		Unsatisfactory	4	
			—	8

(d)	Main piped supplies laid on during 1961	...	...	5
(e)	Schools without main piped water supply at 31st December, 1961	...	...	27#
(f)	Schools with main piped water available but not yet laid into schools	...	...	2

#This figure includes all schools which are not supplied either by statutory water undertakings or by the water departments of Local Authorities, i.e., it includes not only individual supplies from boreholes, wells, springs, etc., or by churn, but also includes small estate piped supplies and the like.

SCHOOL SWIMMING BATHS

A further two school swimming baths were opened during the year bringing the total number of school baths to nine. Six of these baths are covered, heated and provided with mechanical filtration and chlorination. One open air bath is heated and has mechanical filtration and chlorination. The remaining two open air baths are not heated, operate on the fill and empty system and are chlorinated by hand.

The County Health Inspectors visited each of these baths about once per month when the baths were in use. During these visits field tests were carried out to check the pH of the water and the level of residual chlorine in the baths. A total of 74 samples of the bath water were taken during these visits of which all but three proved satisfactory. This represented a considerable improvement on the previous year's samples when 13 samples were unsatisfactory out of a total of 58.

Table 34. Position regarding handicapped pupils at 31st December 1961

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1961		Number awaiting admission to Special Schools		Number in or having special provision at an Ordinary School		Number having Home Tuition including those for admission to Special Schools		At Home without Tuition	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	13	12	13	12	4	5	—	—	—	—	—	—	—	—
Partially Sighted	28	18	15	11	5	2	3	1	9	6	1	—	—	—
Deaf	43	33	43	33	2	3	—	—	—	—	—	—	—	—
Partially Deaf	132	97	41	28	4	6	10	5	73	62	1	—	7	2
Delicate	131	74	65	27	38	15	2	—	53	36	11	11	—	—
Educationally Sub-Normal	831	426	306	167	77	23	199	94	305	153	14	8	7	4
Epileptics	126	115	8	3	—	1	1	—	111	105	2	—	4	7
Maladjusted	99	43	28	6	4	—	1	—	62	35	7	—	1	2
Physically Handicapped	473	370	72	48	10	8	6	2	349	284	31	26	15	10
Speech Defects	480	169	1	—	1	—	—	—	479	169	—	—	—	—
TOTALS	2,356	1,357	592	335	145	63	222	102	1,441	850	67	45	34	25
GRAND TOTALS...	3,713	927	208	324	2,291	112	59*							

N.B.—Pupils attending Hospital Special Schools are only included in this table in the first column.

Only pupils from the Excepted District of Newcastle-under-Lyme who are in or awaiting admission to residential special schools are included.

*Most of these children were without tuition as they were of pre-school age whilst five children were awaiting the completion of arrangements for home tuition.

Table 34 includes children who do not come within the categories of handicapped children as defined in the Handicapped Pupils and Special School Regulations, 1959. These suffer from a milder type of handicap which does not prevent their attendance at the ordinary school. They are, however, kept under constant supervision to ensure they are properly placed and that the necessary action can be taken immediately some special educational provision is necessary.

The total number of known handicapped pupils increased by 14 as compared with 1960.

CONVALESCENCE AND DEBILITATED CHILDREN

Children suffering from debility and other defects which did not warrant their admission to open-air schools were sent to convalescent homes for short periods. 273 children were admitted during the year, this being a decrease of 91 compared to 1960.

The following shows the distribution of children among the various homes which have been used:—

					1961		
					<i>B.</i>	<i>G.</i>	<i>Total</i>
St. Mary's Home Broadstairs ...	...	...	...	...	35	124	159
Broomhayes Home, Northam...	...	...	...	...	2	3	5
Metropolitan Convalescent Home, Broadstairs	...	...	...	...	62	14	76
Heathercombe Brake, Newton Abbott	...	...	...	...	30	1	31
West Kirby Childrens' Convalescent Home	...	...	...	...	—	2	2
					129	144	273

Various hospitals in the County continue to refer children for convalescence. Parents value this service, for a period of convalescence has often substantially assisted their children to recover after illness or operation. Liaison is maintained with each child's family doctor before the child is sent for convalescence.

The medical records for handicapped children are sent to the child's General Practitioner on leaving school whenever it is felt that the handicap is substantial and is likely to continue into adult life.

Home tuition

Tuition is provided at home in accordance with Section 56 of the Education Act, 1944, for those children who are so severely handicapped that they cannot attend at either an ordinary or special school and also for those who cannot attend an ordinary school, whilst a vacancy is being sought for them in a special school. This form of education is decided upon after examination by a school Medical Officer.

112 children were receiving tuition at the end of the year as compared with 106 in 1960.

In cases where children are convalescing after hospital treatment, tuition is provided sometimes on a short term basis until the children are fit to resume attendance at school.

HOSPITAL SPECIAL SCHOOLS

At the end of the year there were 65 children in Hospital Special Schools. The numbers are not included in table 34, see page 93, which shows the position regarding handicapped pupils. Details are given below.

The Limes, Himley, Stourbridge	...	...	31
Standon Hall Orthopaedic Hospital, Nr. Stafford	...	...	14
Queen Mary's Hospital School, Carshalton, Surrey	...	...	4
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	...	...	5
Birmingham Hospital Special Schools (Woodlands & Forelands)	...		6
Biddulph Grange Orthopaedic Hospital Special School	...	...	4
St. Vincents R.C. Orthopaedic Hospital Special School, Eastcote, Middlesex	...		1
			—
			65
			—

Table 35. Classification of children referred to the Mental Health Authority

<i>Classification</i>	<i>No. of Children</i>
Section 57(4) Education Act, 1944	49

During the year one child was dealt with under Section 57A(2) and the notification of its unsuitability for education at school was cancelled.

Further Education of Handicapped Pupils

During the year, arrangements were made for sixteen handicapped persons who were over statutory school leaving age, to receive tuition in their own homes. The Home Teachers have received wholehearted co-operation from the parents of the persons concerned. The tuition given was mainly concerned with reading, writing and arithmetic, with some topics of general social interest. In addition, arrangements were made as in previous years for tuition to be given to children in hospitals.

Fourteen persons have been maintained by the Authority which has also been responsible for the Further Education of blind, deaf and spastic persons in recognised Colleges, providing vocational courses.

Evening classes were conducted at St. Margaret's Hospital, Great Barr, as part of the Authority's Evening Institute provision and during the year 400 persons attended these classes.

THE SPECIAL SCHOOLS IN STAFFORDSHIRE.

1. Present Special Schools in Staffordshire.

EDUCATIONALLY SUB-NORMAL PUPILS.

Residential

Boys: Loxley Hall.

Accommodation

80 boys

Age Range 8—16 years.

Standon Bowers.

60 boys

Age Range 10½—16 years.

Girls: Walton Hall.

48 girls

Age Range 8—16 years.

Day.

Mixed: William Baxter, Cheslyn Hay.

110 boys

Age Range 8—16 years.

and girls.

High Arcal, Sedgley.

120 boys

Age Range 8—16 years.

and girls.

MALADJUSTED BOYS.

Basford Hall Residential School. 30 boys.

Age Range 10½—16 years.

PHYSICALLY HANDICAPPED.

Mixed: Wightwick Hall.

65 Boarding

Residential and Day.

boys & girls

Age Range 5—16 years.

25 day places

DELICATE AND PHYSICALLY HANDICAPPED.

Mixed: Blackfriars, Newcastle

80 boys

(Joint School). Day.

and girls.

Age Range 5—16 years.

PARTIALLY DEAF.

Mixed: Needwood. Residential.

160 boys

Age Range 5—16 years.

and girls.

DEAF.	<i>Accommodation</i>
<i>Mixed:</i> The Mount, Stoke-on-Trent (Joint School). (Day and Residential). Age Range 5—16 years.	70 Boarders 30 day places 12 Nursery places.

FUTURE DEVELOPMENTS APPROVED.

Newcastle Day E.S.N. School (Joint School)
Tipton E.S.N. School (Day)
Pelsall (Aldridge) E.S.N. School (Day).

2. Admissions to the Schools—Ascertainment.

E.S.N. PUPILS.

Based on school reports, etc., the children are examined by medical officers who have undertaken a special course on this aspect of the work.

MALADJUSTED PUPILS.

Usually seen by one of the Psychiatrists. Occasionally the recommendation of an approved medical officer is accepted.

DELICATE AND PHYSICALLY HANDICAPPED PUPILS.

Examined by school medical officers. Additional reports may be obtained from various Consultants.

DEAF AND PARTIALLY DEAF PUPILS.

All cases are screened by the County Ear, Nose and Throat Surgeon. Admissions to Needwood School are seen at Diagnostic Clinics by the County Surgeon, the Headmaster and the Senior Medical Officer for Schools to assess suitability on educational, mental and emotional grounds as well as the specific hearing loss.

ARRANGEMENTS FOR ADMISSION.

Apart from the Needwood School, where the Diagnostic Clinic functions, admissions at all other special schools are discussed individually by the Senior Medical Officer for Schools and the Head Teachers concerned. From the records there may be individual factors in the case which deserve priority but, from the school aspect, the admissions have to fit in with the vacancies available at the particular time having regard to

class distribution, age, and sometimes sex: especially at the residential schools where dormitory accommodation is required.

Once an agreed decision is made the recommendation is passed to the Director of Education for necessary action.

All the schools have active waiting lists.

3. Special Aspects of the Work.

THE EDUCATIONALLY SUB-NORMAL PUPILS.

In the past too many agencies have regarded the special school for the retarded pupil as a "dumping ground" for all the social and behaviour problems rather than as a special form of education. Throughout the Country there is now more emphasis on the true function of these schools. On economic grounds alone, the heavy cost per place, particularly at the Residential Schools, should be justified to some extent by the results obtained.

Whilst it is agreed that if at all possible the child should remain at the ordinary school, if necessary with special help, there are many children who become frustrated by their inability to make progress and who benefit very considerably from the special school. It has also been shown that the proportion of literate children on leaving school is very much higher in the educationally sub-normal group when educated at special schools.

Essentially, therefore, the child should be admitted to the E.S.N. school for educational reasons and the aim should be to attempt to bring the child up to such a level, on leaving school, that he will be at least semi-literate and capable of earning an independent living.

General experience in the schools has shown that if a child is admitted over the age of 12 years there is insufficient time left for special educational treatment to have much effect. One reason for this is the onset of adolescence as it is a well recognised fact that even the normal child tends to remain at a standstill educationally at this phase. The onset of adolescence often brings emotional problems and it is at this stage where teachers at the ordinary schools tend to refer

cases as backward because they have become behaviour problems. On investigation the children are often found to be educationally sub-normal—but have never been referred in earlier years. In a pilot survey of Intelligence Quotients in a small group of Secondary Modern Schools carried out in 1958-59 it was found that only about one-third of children in the E.S.N. category had previously been referred. Whilst the innate backwardness may aggravate the emotional problems it is really too late for the child to benefit from special educational treatment. In general, throughout the Country, schools are no longer admitting pupils for special educational treatment over the age of twelve years.

As the County provision at the educationally sub-normal schools is from the age of 8 years, children are much easier to place if referred and ascertained whilst still at the Junior School.

Under the age of 8 years the backward child's retardation is usually such that he has not reached a stage in development where he can really benefit from special education. He will make social progress with his fellows. There remain a group of young children who present problems emotionally and educationally to such an extent that the child cannot be contained in the ordinary school. As a temporary measure home tuition may be arranged but as a future development of the service some further provision might be considered.

A further problem is the parental attitude to special education. Whilst one may feel strongly that a particular child would benefit educationally if the parent is adverse considerable difficulties arise if the child is admitted after pressure; there is criticism of the school which reflects itself on the child and the further problem of demanding withdrawal from special education at the age of 15 years. The educationally sub-normal child benefits very considerably from staying at school until 16 years but, whilst the Authority can attempt to insist on the child remaining as is in fact the case unless there are special circumstances, the child of parents who have asked for withdrawal often becomes unsettled.

After admission to the educationally sub-normal schools all pupils are re-tested periodically by the educational psycho-

logists or the school medical officer to see if there is any significant variation in the previous Intelligence Quotient. Cases are discussed with the teaching staff if the I.Q. and educational progress are at variance. Specific problems may be raised. One particular problem is the association of true maladjustment with educational sub-normality especially in younger pupils. This type of child really needs more individual attention than even the classes at the special schools provide. Another aspect receiving attention is the type of child where specific brain damage creates special problems.

Although the emphasis at all special schools is that each child must be considered individually and a mere figure of an I.Q. is not a full assessment, general discussion and experience has led to a broad pattern being adopted for the educationally sub-normal school to function at its proper level.

If the school is overweighted by low I.Q.'s—under 60, it tends to function almost at the level of a Training Centre. Few children with I.Q.'s below 55 are suitable for special education and, in the 55—60 group, several do not really benefit from the extra help of the special school. Children in this category should not ideally exceed 10% of the total school intake. At one period the figure in the Staffordshire schools was generally over 30%. In 1960, for the E.S.N. schools as a whole, it was 15.7%.

The main numbers at the schools should be in the range of I.Q.'s 60—75 with a small percentage over an I.Q. of 75 some of the latter being admitted for "rehabilitation" and possible transfer back to the ordinary schools. All the County schools have a number in this group. It is generally considered that an I.Q. of 80 should be the upper limit for admissions to the educationally sub-normal schools except in exceptional instances.

With the onset of adolescence a number of the pupils at the special schools regress to a level where they are no longer suitable. This is usually in the group of low I.Q.'s originally, particularly if associated with epilepsy.

It is interesting to note that in all I.Q. surveys carried out in the special schools to date over 90% have shown a variation of less than 10 points on re-test.

At the present time the dividing line between whether a child is "educationally sub-normal" or "maladjusted" is based on an I.Q. of approximately 80 which is an artificial means of classification except that those over this level can be educated at the Maladjusted Schools. In the E.S.N. group there is a proportion of severely maladjusted pupils which constitute a very considerable problem in the ordinary E.S.N. class of up to 20 pupils. The situation has become more apparent since the age of entry to special schools in the County generally became lower. At a time when the only schools open did not admit until over the age of 11 years many had overcome their problems. There is only one school in England catering specifically for this dual defect and there is a waiting list of over one year for vacancies. There is a number of pupils who have had to be excluded from ordinary schools for the dual defect and yet cannot be fitted into the educationally sub-normal schools because of the behaviour difficulties and the fact that most of the schools already have a proportion of such cases.

Educationally, preliminary discussions with the Heads suggest that these children could probably be contained in the schools, especially the Day schools, if they could be educated in smaller units of 6—8 per class. One or two in a class of twenty E.S.N. children is even more disruptive than in the larger classes in the ordinary schools. The full extent of the problem is under review at the present time.

It will have been noted that there is no provision in the County for Maladjusted Girls. Younger age groups are admitted to the Shenstone Lodge School of the West Bromwich Authority and older girls can also attend there or are admitted to Hostels outside the County. At the present time there appears to be no justification on numbers for providing additional facilities. There are many less maladjusted girls referred than boys just as in the E.S.N. category there are twice as many boys referred as girls and this figure of incidence is borne out on unselected I.Q. testing in the schools.

REPORT ON DEVELOPMENTS IN STAFFORDSHIRE SPECIAL SCHOOLS

The Director of Education has kindly supplied the following information:—

(a) *Standon Bowers Residential School for E.S.N. Boys*

The work of the school has continued satisfactorily although affected by staff shortages and changes in the teaching staff.

A complete reorganisation of classes and timetables has been necessary and has resulted in more efficient coverage of specialist and practical subjects, especially Pottery, Art & Craft and Physical Education. A special School Leavers Programme has been introduced into the curriculum, with an increased number of visits to places of interest, both educational and recreational. Activities out of school hours and recreational facilities generally have been improved and the school has benefited by its contacts with other establishments, voluntary bodies and individual friends of the school. Boys have been allowed home for any weekend subject to certain restrictions and Senior Boys in their last year have been allowed to proceed to town freely on Saturdays for recreational and entertainment purposes unaccompanied by staff.

The health of the boys generally has been good and most boys have shown considerable improvement in their physical development.

Twenty-six boys have left the school during the last year bringing the total of boys who have passed through the school to over two hundred since the school opened. Many of these former pupils have visited the school and others have maintained contact by letter and telephone. Most boys who have left during the past year have found work of an unskilled or semi-skilled type connected with local industries. Some have shown a desire to enter the building trade and have shown a preference for painting and woodwork.

(b) *Walton Hall Residential School for E.S.N. Girls*

Because of shortage of both teaching and home staff the full complement of 48 girls at this school has not been maintained during the year. Following recent appointments, however, it is anticipated that the school will be full again in the near future.

During the year the erection of two new staff houses and certain improvements to the existing accommodation were completed and two of the old lodges demolished.

(c) *Basford Hall School for Maladjusted Boys*

All the vacancies are now being filled at this school from the County and Stoke-on-Trent; the latter taking boys of junior age at the Westwood Manor School from the County with transfer at the age of 11—12 years where further special education is needed. Boys at Basford are of normal intelligence although many are educationally backward on admission due to their adverse background. Periodic re-tests of I.Q.'s are carried out. Most of the pupils settle well and few need active psychiatric help away from their home environments.

The school has continued to function very satisfactorily with its full complement of thirty boys. Academic and social progress has in many cases been quite marked and most pleasing.

During the year the usual outdoor pursuits have been followed and the camping facilities have been extended. In addition several bicycles have been provided for the boys. A number of boys have also enjoyed the local fishing and it is hoped to extend this activity.

Both boys and staff look forward to the opening of the new school at Ashley with eager anticipation. The facilities for sport and craft-work at Basford have been severely limited and it is expected that the craft room, gymnasium and playing fields at the new school will be much appreciated and well used.

(d) *William Baxter Day Special School for Educationally Sub-Normal Children*

The school has had its full complement of 110 pupils on roll throughout the year, and their progress has continued

to be satisfactory. All leavers have obtained and held employment. A successful project during the year has been the design and erection by the boys of a pen for tumbler pigeons. The development of the new playing field has been completed and it is now in use.

(e) *Loxley Hall Residential School for E.S.N. Boys*

The only significant change at the school during 1961 has been the lower average age of the boys which has resulted from a relatively large intake of younger boys to replace school leavers. The outdoor activities were extended during the year, several boys going to Youth Hostels for the weekends and 24 boys camping for a week with boys from a secondary modern school. The joint camp proved very successful and two senior boys were selected for a ten-day adventure course in the Autumn which they completed creditably. Plans have been prepared for an extension to the school to provide a new dining room and staff houses.

(f) *Needwood Residential School for Partially-Deaf Children*

At the beginning of the year numbers approached the maximum, but unfortunately a loss of teaching staff occurred through the year and numbers had to be limited to 127 in the Autumn Term, despite a considerable waiting list. Most of the teachers leaving joined the peripatetic services and there are now eight ex-Needwood teachers in these services in various parts of the country. Staffordshire has itself commenced a peripatetic service based on Needwood School and a survey of the teaching requirements of hard-of-hearing children in normal schools in the County has been completed.

The increase of establishment of housemothers to nine to deal with a larger admission of young children has been effected and the Home Staff has been maintained at full strength throughout the year. During 1961 a training programme for Housemothers has been put into effect and several staff have attended training courses.

The School's Youth Club has developed into a recognised group under the County Service of Youth and it supplements the activities of the other twelve clubs in the school. The

number of children going home at week-ends has reached the very satisfactory figure of fifty or more when the weather is good. Parents maintain their very happy co-operation with the school; they organised a Garden Party in July which raised more than £200 towards the Swimming Bath Fund.

A very successful innovation has been the "day release" of one girl, studying for G.C.E. at Needwood, to the Burton Technical College for a Secretarial course.

(g) *Wightwick Hall Residential School for Physically Handicapped Children*

The numbers on roll have increased during the year, and in December 1961 there were 63 boarders and 24 day children with an age range of 5—16 years.

Roughly one-third of the pupils are in the groups freely mobile; semi-mobile and immobile. At the end of December, 1960, 45% of the pupils had I.Q.'s under 80. With the diminished incidence of poliomyelitis the proportion of new admissions from this cause may continue to fall and the school may show a higher proportion of cerebral palsy cases ("Spastics") as the incidence of this condition throughout the County remains at a constant level. Two-thirds of the cerebral palsied children prove to be of below average intelligence, apart from their physical handicap, so that it would appear that the school will have to cater for at least 50% of children who are backward educationally from fundamental causes rather than previous school absences.

All the residential pupils are under the care of a Consultant Orthopaedic Surgeon who visits the school regularly and there is very close liaison with the Woodlands Orthopaedic Hospital in Birmingham. Considerable work has been carried out operatively in certain cases with excellent results.

The children have made satisfactory academic progress during the year and have had an extensive programme of out of school activities, including Guides, Scouts, Cubs and Brownies. Many visits have been made to places of interest of both a social and educational nature.

(h) *High Arcal Day School for E.S.N. Children*

The school, opened in 1957 is now firmly established having had to date twenty leavers. Monthly contact has been maintained with all leavers so far and reports give every satisfaction. All are suitably employed and employers remarks are rewarding. There is a flourishing P.T.A. and through its activities parents and teachers have many opportunities to work out the problems of individual children.

Within the school activities have branched out so that regular football, cricket and netball matches are played, and both boys and girls avail themselves of the camping facilities provided by the County during the Summer Term.

The number of pupils attending has remained at the maximum of 120 since the school became fully operational at Easter, 1958, but in spite of this a long waiting list of admissions remains. The children themselves seem very pleased with their pleasant building and surroundings and all are very happy at the school, the average attendance being 94%.

(i) *Blackfriars Day School for Physically-Handicapped and Delicate Children*

The school was opened in September 1960 with 53 pupils. The numbers have now risen to 78, the majority of pupils coming from the Newcastle area with some from the County area and a few from Stoke-on-Trent. The following categories of children within the age range 5—16 years are accepted at the school:—

Physically Handicapped

Delicate (including Diabetic)

Epileptic (if controlled).

The first year's work has shown the suitability of the basic design of the school, the medical and classroom blocks being separate but easily accessible to each other. The four

classrooms and two craft rooms all face south and the under-floor heating is thermostatically controlled so that the windows can be left open to give excellent ventilation. The hall is used for dining and is also equipped for Physical Education. Lighting is very good and the school as a whole has a bright and attractive appearance.

All children stay for meals and a family service is in operation. Special diets are provided for many children, e.g. diabetics.

Many visits have been arranged in order to widen the environment of the children, e.g. to Chester Zoo; a survey of Keele Village has been undertaken with the help of the University and a week's holiday in Scotland has been successfully arranged.

The school is now being accepted quite naturally and its special function is appreciated so that parents are requesting the admission of their children. The accent in the school is on the individual child and marked progress educationally, socially and physically has been made with the pupils.

BOROUGH OF NEWCASTLE-UNDER-LYME

(Excepted District)

SCHOOL HEALTH SERVICE STAFF

Borough School Medical Officer :

JOHN WARRACK, M.B., Ch.B., D.P.H.

Deputy Borough School Medical Officer :

HUGH R. MORRISON, M.B., Ch.B., D.P.H. (Resigned 26th
May, 1961).

GEORGE T. MACCULLOCH, M.B., Ch.B., D.P.H.
(Appointed 1st June, 1961)

School Medical Officers :

DAVID L. LEWIS, L.M.S.S.A., D.P.H.

DONALD B. MORRIS, M.B., Ch.B., D.P.H.

DR. T. CRAIG (Part-time)

DR. P. G. JOHNSON (Part-time)

Physiotherapist (Part-time) :

MISS L. M. LOCKETT, M.C.S.P.

MRS. B. WAIN, M.C.S.P. (Appointed 30.10.61).

Speech Therapist (Part-time):

MISS E. GOSS-CUSTARD, F.C.S.T. (Resigned 27.7.61)

MRS. A. C. THOMPSON, L.C.S.T. (Appointed 13.9.61).

Ophthalmic Surgeon (Part-time) :

P. J. M. KENT, M.R.C.S., L.R.C.P., D.O.M.S.

Borough School Dental Officers :

Area Dental Officer—

R. G. C. DEMPSTER, L.D.S., R.F.P.S. (Glas.).

School Dental Officers—

Two vacancies

Dental Anaesthetist (Part-time) :

DR. H. B. DEAS

DR. Z. S. MILEWSKI

Nursing Establishment

One full-time School Nurse, two full-time Assistants and ten Health Visitor/School Nurses, gave the equivalent of $7\frac{3}{11}$ ths. full time duties to the School Health Service, during the year under review.

School Population

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 13,716, a decrease of 51, compared with an increase of 154 in 1960/61, and a decrease of 2 in the previous year.

Number of Schools or departments :—

Nursery Schools	...	...	...	...	4
Infant departments	...	...	...	...	12
Infant & Junior departments	...	...	...	...	8
Junior departments	...	...	...	...	9
C.E. Mixed (Infants Junior & Secondary Modern)	1				
Secondary Modern Schools	...	...	...	...	8
Secondary Grammar Schools	...	...	...	...	4
Blackfriars Special School	...	...	...	...	1

Arrangements made for Periodic Medical Inspections

As in previous years periodic medical inspections of children attending schools within the Borough were carried out as follows :—

(1) during the first year of school life ; (2) between the ages of 9 and 10 ; (3) between the ages of 14 and 15 and (4) in County Grammar Schools between the ages of 17 and 18.

Special arrangements exist for medical inspection at the Nursery Schools and at the Blackfriars Special School. The practice applied to these establishments being that a visit is paid every term, at which approximately one third of the children are examined along with re-examinations and absentees from the previous examinations. This ensures that each child is seen annually.

In addition all children have an eyesight test between their 7th and 8th birthday, special provision being made for those who do not know their letters.

2,360 parents were present at the examination of their children. This figure represents only 52.1 per cent of the children examined and is most disappointing.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION AND OF THE METHODS EMPLOYED FOR THE TREATMENT OF DEFECTS

Clothing and Footwear

No child was found at medical inspection to have defective clothing or footwear but, of course, this must not be taken to mean that such cases do not occur at any time within the schools.

Physical Condition

The physical condition of the children examined at periodic medical inspections is shown on Page 126.

Uncleanliness

20 children were found to be verminous at routine school medical inspections. This number does not include children found to be verminous during cleanliness surveys or at clinics.

Tonsils and Adenoids

At periodical and special examinations 96 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 175 cases received operative treatment through arrangements made by the School Health Service. In addition there were 467 cases which required only medical treatment and/or observation.

Tuberculosis

During 1961, one child was referred to the Chest Physician for examination. The diagnosis was not confirmed.

Skin Diseases

171 cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and

found to require treatment. Four of the cases of skin disease were referred to the Dermatological Clinic at the North Staffs. Royal Infirmary for investigation and treatment.

External Eye Disease

There were no cases of external eye disease referred for treatment during the year to the North Staffordshire Royal Infirmary.

Defective Vision and Squint

180 cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 173 cases of defective vision and 7 cases of squint. In addition 1 case of squint discovered at examinations at school clinics was also referred for treatment. During the year 118 children with defective vision were prescribed glasses after examination by the School Ophthalmic Surgeon.

Ear Disease and Defective Hearing

At routine medical inspections during 1961, 109 cases in this category were found to require treatment and of this number one was referred to the North Staffordshire Royal Infirmary, the remainder being treated at the school clinics.

Medical Inspection prior to admission to Training Colleges

During 1961, 81 pupils have had a special medical examination by a School Medical Officer before admission to college for training for the teaching profession, as required by the Ministry of Education.

Medical Inspection of new Entrants to the Teaching Profession

During 1961, 15 medical examinations, with subsequent x-ray of chests as required by the Ministry of Education, were carried out on new entrants to the teaching profession within the Borough.

Children attending School Camps

During the year 221 children were subjected to the necessary medical examination before attending organised School Camps.

Treatment of Uncleanliness

Periodic inspection of children, to ascertain the condition of cleanliness of their heads and bodies, was carried out. A total of 65,321 examinations was made, and 1,665 individual pupils were found to be infested and cleansing notices were issued in each case.

301 children were cleansed at special sessions at school clinics.

Ophthalmic Clinic

This clinic is held each Monday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 714 children had refractions carried out and in 147 cases spectacles were prescribed.

Physiotherapy

The Physiotherapists' time-table for attendance at the Clinic at Friarswood House, Priory Road, Newcastle, and at the Blackfriars School, is given below:-

<i>FRIARSWOOD CLINIC</i> (Miss Lockett)		<i>BLACKFRIARS SCHOOL</i> (Mrs. Wain)	
* Sun-Ray Treatment	} Tuesday 2.0 to 4.0 p.m.	Breathing Exercises and Remedial Exercises are given at combined sessions on:-	
Breathing Exercises		Monday, Tuesday and Thursday mornings.	
Remedial Exercises		From 9.30 a.m., to 12.0 noon.	
Thursday afternoon (from 2.0 p.m. to 4.0 p.m.) is devoted to a Sun-Ray session held at the Clinic, specifically for Blackfriars pupils.		Sun-Ray—(See under Friarswood Clinic)	
* A Medical Officer attends this Clinic once in four weeks, or as required.			

Attendances during the year 1961 were as follows:-

	Breathing Exercises	Remedial Exercises	Sun-Ray Treatment
Blackfriars School	48 children 1,495 attendances	26 children 551 attendances	24 children 543 attendances
Friarswood Clinic	88 children 194 attendances	157 children 397 attendances	109 children 439 attendances

Child Guidance

The arrangements existing between the excepted District and the Stoke-on-Trent Education Authority continued during the year. Pupils attending schools within the Borough who are in need of Child Guidance treatment can be referred for investigation and treatment in the City. During 1961, 5 cases were dealt with in this way.

Minor Ailment Clinics

During the year nine minor ailment clinics in the Borough continued to operate as follows:—

Bradwell C.S.M.

School	Tuesday	9.30 a.m. to 11.00 a.m.
--------	---------	-------------------------

Chesterton

Loomer Road	Monday	9.30 a.m. to 12 noon
-------------	--------	----------------------

Clayton—

Kingsbridge

Avenue	Wednesday	9.30 a.m. to 10.30 a.m.
--------	-----------	-------------------------

Crackley Bank

C.P. School	Wednesday	10.00 a.m. to 11.00 a.m.
-------------	-----------	--------------------------

C.P. School

Hempstalls

School	Wednesday	10.00 a.m. to 11.00 a.m.
--------	-----------	--------------------------

School

Knutton

High Street	Tuesday	10.30 a.m. to 12 noon
-------------	---------	-----------------------

High Street

	Friday	9.30 a.m. to 10.30 a.m.
--	--------	-------------------------

Newcastle

Friarswood	Monday	2.00 p.m. to 4.00 p.m.
------------	--------	------------------------

Friarswood

	Wednesday	9.30 a.m. to 12 noon
--	-----------	----------------------

	Friday	9.30 a.m. to 12 noon
--	--------	----------------------

Silverdale

Crown Street	Thursday	10.30 a.m. to 11.30 a.m.
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Porthill

Inglewood	Tuesday	9.0 a.m. to 11.0 a.m.
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Drive	Thursday	9.0 a.m. to 12 noon.
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Minor Ailments are treated at school clinics and the cases dealt with are included in Table III on page 129. During the year the number of attendances at the various minor ailment clinics was 6,128 which is a decrease of 5,250 over the figure for 1960.

School Dental Service

The Area Dental Officer for the Borough has provided the following report on the work of his service during 1961:—

“ There has been no change in the dental staff since last year's report.

As in previous years, each school in the central area of Newcastle was dentally inspected and treatment given to those who wanted it. It was possible too, this year, to inspect and treat schools in Knutton. Bradwell, Wolstanton and Chester-ton are the only areas where schools have not received an inspection within, at the most, fifteen months. This may account for the smaller number of extractions carried out for the relief of pain this year.

The airtor dental drill, bought last year, for the dental clinic has been in use since the end of February and has been found to take some of the tedium out of conservative dentistry, both for patient and operator.”

The following is a summary of the work done during the year by the Area Dental Officer :—

No. Children Inspected at Routine Inspections...	5,726
No. Requiring Treatment	3,554
No. Referred for Treatment	3,383
No. Casual or Emergency Cases Inspected and Treated	671
Total No. of Attendances	3,705
No. Sessions devoted to Inspection	26
No. Sessions devoted to Treatment	434
No. Sessions devoted to Administration... ..	2
No. Fillings in Temporary Teeth	904
No. Temporary Teeth Filled	825
No. Fillings in Permanent Teeth	2,573
No. Permanent Teeth Filled	2,062
Total No. of Fillings	3,477
Total No. of Temporary Teeth Extracted	2,164
Total No. of Permanent Teeth Extracted	629
Total No. of Local Anaesthetics... ..	908
Total No. of General Anaesthetics	368
Parents present	2,361

Sundry Operations

Impressions ...	...	...	...	...	...	43
Bite ...	...	...	...	...	...	1
Scale ...	...	...	...	...	...	18
Bleeding arrested after Haemorrhage	...	...				1
Try In ...	...	...	...	...	...	3
X-ray... ..	...	...	...	...	...	27
Dentures Fitted	...	...	...	...	...	17

Orthodontics

Regulation Plate Fitted	...	...	...	...	19
Regulation Supervision	...	...	...	...	135
Zinc Oxide Dressing	...	...	...	...	214
Root Canal Dressing	...	...	...	...	15
Root Canal Filling ...	...	...	...	...	3

School Swimming Baths

Five samples of water from the Newcastle High School baths and two from Hempstalls School bath were submitted for bacteriological and chemical examination during 1961. All the results proved satisfactory.

HEARING TEST SURVEY

From the inception of the scheme in October, to the 31st December, 1961, sixteen Infant Departments were visited by the Audiometrician. The results of the survey and the follow-up of cases is tabulated below.

<i>No. Examined</i> (1)	<i>No. showing some hearing loss</i> (2)	<i>Percentage of (1)</i> (3)
868	43	4.9

Follow Up—

43 children were referred for specialist opinion and treatment, as shown below—

<i>No. Referred</i>	<i>Observation</i>		<i>Treatment Advised</i>			<i>No. Treatment Advised</i>	<i>Reports Pending</i>
	<i>Re-Exam by Specialist after 3-6 months</i>	<i>Further Hearing Test after 12 months</i>	<i>T's & A's Operat- ion</i>	<i>Myring- otomy</i>	<i>General Medical Super- vision</i>		
43	3	3	14	6	1	6	10

Disinfection of Plimsolls

As in recent years plimsolls used in the schools are regularly disinfected by a special process at the Froghall Disinfection Centre. This is in an endeavour to control the incidence and spread of foot infections. During the year all the plimsolls used in the schools were disinfected during the Easter, Summer and Christmas holiday periods.

Inspection of School Meals Premises

The Public Health Inspectors of the Borough pay periodic inspections to premises connected with the preparation and serving of school meals. Defects which are found on such visits are reported to the Borough Education Officer. 67 visits were paid to these premises during 1961.

MILK IN SCHOOLS

(Position as at 31st December, 1961)

<i>Type of Milk</i>	<i>No. of pupils supplied at schools</i>		<i>Total</i>
	<i>Maintained</i>	<i>Non-Maintained</i>	
Pasteurised	... 10,598	341	10,939

The milk supplied to schools is sampled from time to time by the Public Health Inspection Staff. During the year 12 such samples were submitted for examination at the Public Health Laboratory and all were found to be satisfactory both in cleanliness and degree of pasteurisation.

X-ray of Kitchen Staff

During 1961, 67 members of the school meals service kitchen staff were x-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed.

ALLIED SERVICES

The following reports, which deal with services intimately connected with the physical welfare of the school child, have kindly been supplied in respect of The School Meals Service by Miss M. P. Barnes, School Meals Organiser and Physical Education by Mr. G. E. Kirkby, the Physical Education Organiser.

SCHOOL MEALS SERVICE

Figures given below show the daily average number of meals served each month throughout the year as compared with January, 1960 to December, 1960 :-

Month	1960	1961	Month	1960	1961
January	6,353	6,645	July	5,693	6,003
February	6,283	6,599	August	Holiday Period	
March	6,321	6,691	September	6,670	6,864
April	6,355	6,594	October	6,719	6,835
May	6,163	6,371	November	6,628	6,759
June	5,951	6,258	December	6,645	6,638

Holiday Feeding

Throughout the year, arrangements for the provision of school meals during holiday periods were made so that any child could, on application, receive a school dinner. Children who stayed away for more than half the total number of days in any one holiday period, unless the parents had given a satisfactory explanation as to the reason for their absence, were denied meals the following holiday. In every case letters were sent to the parents of the children concerned, explaining the reason why they could not have dinners.

Approximately 130 children applied for meals during each holiday period.

Price of Meals

The price of dinners to school children, including Nursery School children, remained at one shilling per meal, and Staff dinners were two shillings and one penny each.

Complaints

All complaints concerning the School Meals were submitted to the Welfare Sub-Committee each month. During the year there was a total of five complaints, two of which concerned late delivery.

Clayton Hall Grammar School

With the rebuilding of Clayton Hall Grammar School the kitchen had to be demolished. Until the new kitchen is built and ready, meals will be transported from the Eagle and Child Annexe Kitchen at Chesterton.

The building, once used as a Civic Restaurant has been completely renovated throughout. Most of the large scale cooking equipment from the old school kitchen is in use, together with several items of additional equipment installed to improve the working conditions as much as possible.

Blackfriars School

Throughout the time this school has been opened the children appear to have thoroughly enjoyed their meals and gained advantage from the correctly balanced meal presented to them.

Individual diets are prepared and served to all children requiring them and during the winter months a hot milk drink, e.g., ovaltine, cocoa, is given to the children on arrival in the morning and before they return home in the afternoon.

Nursery Schools

Half a fluid ounce of cod liver oil per week has been supplied to each child in attendance. This is in excess of that which is supplied at the Welfare Clinics.

New arrangements for the distribution of cod liver oil and the addition of orange juice are to come into force during the next year.

Hygiene

As in previous years visits were made to all the kitchens by some of the Borough Council's Sanitary Officers, and any specific undesirable features dealt with as the opportunity arose.

All school meals employees were X-rayed during the Christmas holiday period, and as usual new school meals staff continued to be medically examined and X-rayed prior to their official appointment. Staff produced after any period of absence a medical certificate stating that they were free from any disease which might make the preparation or handling of food by them harmful to others.

Uniform, consisting of overalls, aprons (white and rubber) and caps were supplied to all staff and laundered regularly.

All cloths used in the kitchens are boiled daily, and in one kitchen paper towelling has replaced teacloths and floor cloths.

First aid supplies were issued to the kitchens and schools at the end of each term.

A full specimen meal was put into the refrigerator at each kitchen every day and kept for twenty-four hours. Any cooked food, gravy or custard left over was disposed of daily. No reheated dishes are ever served in the School Meals Service.

Meetings and Courses

Meetings of Cook Supervisors and Cooks-in-Charge were held each term.

A meeting of all School Meals Employees was held at Hassell Street C.P. Junior School on Monday, 11th September, 1961.

Twelve Cook Supervisors and seven Cooks-in-Charge attended the Annual School Meals meeting at Flash Ley C.P. School, Stafford, on Saturday, 4th November, 1961.

The School Meals Service continues to progress steadily. The meals appear to be enjoyed by all who partake of them, and the amount of food waste is negligible.

PHYSICAL EDUCATION

General Survey

Standards of physical education have been maintained over the past twelve months though difficulties of staffing, particularly those concerning women teachers, have been acute at times.

Clothing and plimsolls are still provided in the Secondary Modern and Primary Schools, though the cost of this service increases yearly.

Disinfection of plimsolls, to combat foot infection, is carried out at the end of each term. The laundering of clothing on loan is the responsibility of the parents.

Cleanliness of changing areas and shower units is of the highest standard possible. Swabbing out and disinfection is part of the daily routine

FACILITIES

Secondary Departments

All the secondary departments now have the use of indoor facilities for physical education and, with the exception of two schools, they have special facilities for changing.

There is still a lack of showers in some of the Modern Schools but this should be rectified in at least one school during the coming year.

Primary Departments

Further progress has been made in equipping Junior Schools with indoor apparatus. All Junior departments now have indoor facilities for P.E.

Staffing

Primary. There has been a gradual change over the past three years in the concept of staffing of junior classes.

Semi-specialisation in physical education is to be noted in some schools. Members of staff with a knowledge of the subject are taking classes other than their own for P.E. This in the main has been an advantage.

General teachers assist in the teaching of physical education and two peripatetic teachers of physical education also assist.

Playing Fields, Games and Athletics

There is still a marked lack of playing fields in the Borough. The projects that we envisaged for 1961 did not materialise so there was no increase in playing space.

The areas available, however, have been worked to their maximum, catering for a wide variety of games and sports.

The inter-school games and matches were continued, and the Newcastle Schools Sports Association were pleased to accept Madeley C.S.M. School's request to join the Association.

Swimming

Primary Schools. The teaching bath at Hempstalls School was opened in 1961. Every child in the Borough in their last year of primary school has the opportunity of attending. Only those producing doctors' certificates are excluded.

The tuition is done by swimming instructors aided by members of staff.

This project has been most worthwhile, and though it is early to predict results, the signs are most promising.

Secondary Schools. The instruction in Secondary Departments can be sub-divided as follows:—

Out of the thirteen Secondary Departments

- | | | |
|--|--------|------------|
| (a) Regular instruction throughout school life | ... .. | 2 schools |
| (b) Regular instruction throughout first two years | ... .. | 9 schools |
| (c) Regular instruction, but for part of year only | ... .. | 1 school |
| (d) No regular instruction given in school time | ... .. | 1 school |
| (e) Instruction to interested pupils out of school hours | ... .. | 12 schools |

Attendances and Awards

	<i>Class Teaching Attendances</i>	<i>Swimming Club 4.00.—5.00.</i>	<i>Red</i>	<i>Green</i>	<i>Yellow</i>	<i>White</i>	<i>RLSS</i>	<i>ASA</i>
Girls	42,757	4,238	453	276	115	38	103	—
Boys	43,455	6,063	548	199	83	52	204	37

The Annual Schools Swimming Gala, Squadron Races, Medley Races and Life Saving Competitions were once again a feature of the Schools Swimming programme.

Camping

Pupils from Borough Schools attended camps at Cotwalton, Teddesley, Coven and Chasewater during the Summer Term 1961.

305 boys from 5 Departments.

188 girls from 4 Departments.

This is an increase of 124 pupils over the total attending camps in 1960.

At these camps hiking, canoeing, sailing and rock climbing were taught, as well as basic camp craft.

During the Autumn Term 6 boys and 22 girls attended Adventure Courses. These are only a small section of the number who applied. Places are strictly limited on these Courses.

Schools continue to make use of the camping equipment that can be obtained on loan from the Education Office.

1961 saw the start of a new venture in sailing. A centre was established at Stanley Pool for the use of Borough schools who wished to follow up the training the children had been given at County Camps.

Teachers Refresher Courses

Courses were held in:

Trampolining, Sailing, Canoeing and Swimming.

Many teachers in the Borough also attended courses organised by various outside bodies.

Conclusion

No report of this nature would be complete without a tribute to the number of teachers who willingly give of their own time to supervise children undertaking various physical activities. Without their help much of the physical education programme would be curtailed.

TABLE I

PART A—PERIODIC MEDICAL INSPECTIONS

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools). Year ended 31st December 1961.

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later ...	199	199	100	—	—
1956 ...	89	89		—	—
1955 ...	731	731		—	—
1954 ...	215	215		—	—
1953 ...	97	97		—	—
1952 ...	483	483	99·8	—	—
1951 ...	577	575		2	0·2
1950 ...	114	114		—	—
1949 ...	84	84		—	—
1948 ...	99	98		1	1·1
1947 ...	1,465	1,464	99·9	1	0·1
1946 and earlier ...	373	373	100	—	—
TOTAL ...	4,526	4,522	99·9	4	0·1

PART B—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For Defective vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
(1)	(2)	(3)	(4)
1957 and later...	—	30	30
1956 ...	1	22	22
1955 ...	2	132	126
1954 ...	2	42	40
1953 ...	1	28	28
1952 ...	16	110	119
1951 ...	14	103	110
1950 ...	9	23	30
1949 ...	2	14	14
1948 ...	4	16	19
1947 ...	103	237	335
1946 and earlier ...	16	41	47
TOTAL ...	170	798	920

PART C—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	83
Number of Re-inspections	...	...	...	...	...	...	353
			Total	...	...	...	436

PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	65,321 examinations
Total number of individual pupils found to be infested	...	...	pupils 1,665
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	1,665
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	301

TABLE II.
PART A—PERIODIC INSPECTIONS
Return of Defects found by Medical Inspection during the year ended
31st December, 1961

Defect Code No.	Defect or Disease (2)	ENTRANTS		LEAVERS		OTHERS		TOTAL	
		Requir- ing Treat- ment (3)	Requir- ing Obser- vation (4)	Requir- ing Treat- ment (5)	Requir- ing Obser- vation (6)	Requir- ing Treat- ment (7)	Requir- ing Obser- vation (8)	Requir- ing Treat- ment (9)	Requir- ing Obser- vation (10)
(1)	(2)								
4	Skin ...	25	35	83	62	63	71	171	168
5	Eyes— (a) Vision (b) Squint (c) Other	7 5 5	10 20 9	99 — 6	250 19 17	64 1 14	214 46 16	170 6 25	474 85 42
6	Ears— (a) Hearing (b) Otitis Media (c) Other	2 4 12	10 13 16	4 2 19	18 19 35	2 7 57	16 16 21	8 13 88	44 48 72
7	Nose and Throat	30	134	23	45	39	123	92	302
8	Speech ...	15	24	—	12	9	23	24	59
9	Lymphatic Glands	2	30	—	3	—	14	2	47
10	Heart ...	1	52	1	39	—	52	2	143
11	Lungs ...	10	59	2	45	25	64	37	168
12	Development— (a) Hernia (b) Other	3 1	10 59	1 19	5 67	— 10	7 99	4 30	22 225
13	Orthopaedic— (a) Posture (b) Feet (c) Other	2 50 3	1 24 35	3 30 9	8 40 57	12 55 8	13 38 74	17 135 20	22 102 166
14	Nervous System— (a) Epilepsy (b) Other	1 5	— 24	— 3	6 24	— 2	3 21	1 10	9 69
15	Psychological— (a) Development (b) Stability	2 —	13 55	1 1	15 72	1 2	15 61	4 3	43 188
16	Abdomen ...	—	10	2	20	3	13	5	43
17	Other ...	2	16	51	30	33	22	86	68

PART B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	1	1
5	Eyes—		
	(a) Vision	3	8
	(b) Squint	1	1
	(c) Other	2	—
6	Ears—		
	(a) Hearing... ..	6	2
	(b) Otitis Media	2	1
	(c) Other	—	1
7	Nose and Throat	4	4
8	Speech	5	4
9	Lymphatic Glands	—	1
10	Heart... ..	—	3
11	Lungs	4	8
12	Development—		
	(a) Hernia	—	—
	(b) Other	—	9
13	Orthopaedic—		
	(a) Posture	—	—
	(b) Feet	1	3
	(c) Other	4	5
14	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other	—	3
15	Psychological—		
	(a) Development	—	4
	(b) Stability	1	4
16	Abdomen	1	1
17	Other... ..	1	—

TABLE III. Part A—Eye Diseases, Defective Vision and Squint Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery Schools)

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	159
Errors of Refraction (including Squint)	714
Total	873
Number of pupils for whom spectacles were prescribed	147

Part B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	14
(b) for adenoids and chronic tonsillitis	175
(c) for other nose and throat conditions	26
Received other forms of treatment	161
Total	376
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	1
(b) in previous years	6

Part C—Orthopaedic and Postural Defects.

	<i>Number of cases known to have been treated.</i>
(a) Pupils treated at clinics or out-patients departments	62
(b) Pupils treated at school for postural defects	26
Total	88

Part D—Diseases of the Skin (Excluding uncleanness, for which see Part D of Table I.)

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	2
(b) Body	1
Scabies	3
Impetigo	16
Other skin diseases	1,473
Total	1,495

Part E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	5

Part F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	57

Part G—Other Treatment Given.

	<i>Number of cases known to have been dealt with.</i>
(a) Pupils with minor ailments	2503
(b) Pupils who received convalescent treatment under School Health Service arrangements	11
(c) Pupils who received B.C.G. vaccination	784
(d) Other than (a), (b) & (c) above	
Respiratory	26
Injuries	571
Debility	—
TOTAL	3,895

TABLE IV.

Dental Inspection and Treatment carried out by the Authority during 1961

(1) Number of pupils inspected by the Authority's Dental Officers :—								
(a) At Periodic Inspections	...	...	...	...	...	...	...	5,726
(b) As Specials	...	...	...	...	...	...	...	671
Total (1)	...	...	...	...	...	...	...	6,397
(2) Number found to require treatment	..	...	...	...	...	...	...	4,225
(3) Number offered treatment	...	...	...	...	...	...	...	4,054
(4) Number actually treated	...	...	...	...	...	...	...	2,020
(5) Number of attendances made by pupils for treatment including those recorded at 11 (h)	...	...	...	...	...	...	...	3,705
(6) Half days devoted to—								
(a) Periodic (School) Inspection	...	...	...	...	...	...	...	26
(b) Treatment	...	...	...	...	...	...	...	434
Total (6)	.	...	...	...	...	...	...	460
(7) Fillings—								
(a) Permanent Teeth	...	...	...	...	...	...	...	2,573
(b) Temporary Teeth	...	...	...	...	...	...	...	904
Total (7)	..	...	...	...	...	...	...	3,477
(8) Number of Teeth Filled—								
(a) Permanent Teeth	...	...	...	...	...	...	...	2,062
(b) Temporary Teeth	...	...	...	...	...	...	...	825
Total (8)	...	...	...	...	...	...	...	2,887
(9) Extractions—								
(a) Permanent Teeth	...	...	...	...	...	...	...	629
(b) Temporary Teeth	...	...	...	...	...	...	...	2,164
Total (9)	...	...	...	...	...	...	...	2,793
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	368
(11) Orthodontics—								
(a) Cases commenced during the year	...	...	...	...	...	...	...	15
(b) Cases carried forward from previous year	...	...	...	...	...	...	...	5
(c) Cases completed during the year	...	...	...	...	...	...	...	13
(d) Cases discontinued during the year	...	...	...	...	...	...	...	1
(e) Pupils treated with appliances	...	...	...	...	...	...	...	15
(f) Removable appliances fitted	...	...	...	...	...	...	...	17
(g) Fixed appliances fitted	...	...	...	...	...	...	...	—
(h) Total attendances	...	...	...	...	...	...	...	135
(12) Number of pupils supplied with artificial teeth	...	...	...	...	...	...	...	17
(13) Other operations—								
(a) Permanent Teeth	...	...	...	...	...	...	...	232
(b) Temporary Teeth	...	...	...	...	...	...	...	—
Total (13)	...	...	...	...	...	...	...	232

TABLE V.

Staff of the School Health Service

								<i>Number of Officers</i>	<i>Number in terms of full-time Officers employed in the School Health Service</i>
(a) *Medical Officers (including the Principal School Medical Officer):—									
(i) Whole-time School Health Service... ..								—	—
(ii) Whole-time School Health and Local Health Services ...								4	1.8
(iii) General practitioners working part-time in the School Health Service								2	0.27
(b) Physiotherapists, Speech Therapists, etc. (specify):—									
Physiotherapist								2	0.45
Ophthalmologist								1	0.09
Speech Therapist								1	0.18
(c) (i) School Nurses								11	5.27
(ii) No. of the above who hold a Health Visitors Certificate...								10	—
(d) Nursing Assistants								2	2.0

				<i>Officers employed on a salary basis</i>		<i>Officers employed on a sessional basis</i>	
				<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>	<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>
(e) Dental Staff:—							
(i) Principal School Dental Officer ...				—	—	—	—
(ii) Dental Officers				1	1.0	—	—
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above)				—	—	—	—
TOTAL				1	1.0	—	—
						<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>
(iv) Dental Surgery Assistants						1	1
(v) Other Staff (specify):—							
Dental Anaesthetist						1	0.09

* All Medical Officers in the School Health Service other than those employed part-time for specialist examination and treatment only.

TABLE VI.

I. **NUMBER OF SCHOOL CLINICS** (i.e., Premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics ... 11 (including one Mobile Dental Clinic).

II. **TYPE OF EXAMINATION AND/OR TREATMENT** provided, at the school clinics either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

<i>Examination and/or Treatment</i>	<i>Number of School Clinics (i.e. premises) where such treatment is provided</i>	
	<i>Directly by the Authority</i>	<i>Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
(1)	(2)	(3)
A. Minor Ailment and other non-specialist examination or treatment	9	—
B. Dental	2	—
C. Ophthalmic	1	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	1	—
F. Paediatric	—	—
G. Speech Therapy	1	—
H. Physiotherapy	2	—
J. Orthoptic	—	—
K. Sun Ray (U.V.L.)	1	—
L. Chiropody	—	—
M. Rheumatism & Heart	—	—
N. Asthma	—	—
P. Remedial Exercises	2	—
Q. Vaccination & Immunisation	—	—
R. Audiology	—	—

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